



Student Organisation Registration Form

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Checklist (Tick if completed)

Prepared by:
Secretary

Submitted by:
President

Endorsed by:
Advisor

ADVISOR VERIFICATION FORM

5Xj lgcflg' bZcfa Uhcb

5Xj lgcflg' BUa Y: _____

Department: _____

Division /Faculty: _____

I am currently employed as a UCSI University staff. My agreement to become Advisor is on a voluntary basis and not stipulated in my job description.

Signature: _____ Date: _____

JYfIZWUhcb Vm5Xj lgcflg' Gi dYfj lgcflg'

I am fully aware and agreed for the above-named staff to takes responsibility as Advisor for the organization on a voluntary basis.

Signature: _____ Date: _____

Supervisor Name: _____

Office Bearers List

Position	Name	Student ID	Email	Contact No.
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