



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
بُونَيْسُوتِي اِسْلَامُ اَنْبَارَا اِنْجِنَا مِلْدِيْنِيَا
Garden of Knowledge and Virtue

KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES

Tel: 03 - 6421 5502 / 5503 / 5044

FLAGSHIP MEMBERSHIP FORM

APPLICANT'S INFORMATION

Name	
Designation	
Staff / Matric No.	
K / C / D / I / O	*K – Kulliyah, C – Centre, D – Department, I – Institute, O – Office
Telephone No.	Mobile: Office:
Email Address	
Flagship Name (Please refer to IIUM's list of Flagship)	
Research Interest	
Current Project (Community Service project / Research project / SDG-related project)	

I hereby APPROVE / DISAPPROVE this application. (Please delete whichever is not applicable.)

APPLICANT (Signature)

Date :

FLAGSHIP TEAM LEADER (Signature & Official Stamp)

Date :

TASK SPECIFICATION (to be completed by the Team Leader)

Task :

Duration : Starting date : (eg: 1/1/2020)

*Please submit this form to the Office of the Deputy Dean, Student Development and Community Engagement

FOR OFFICE USE ONLY

ACCEPTED / REJECTED (To be completed by the Dean / DDSDCE) CHECKED BY (Signature)	REMARKS:
	Name :	DATE RECEIVED:



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
بُونَيْزِيَّتِي اِسْلَامِيَّاتٍ اَنْتَارَا اِنْجِنِيَا مِلْدِيْسِيَا
Garden of Knowledge and Virtue

KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES

Tel: 03 - 6421 5502 / 5503 / 5044

FLAGSHIP MEMBERSHIP FORM

APPLICANT'S INFORMATION

Name	
Designation	
Staff / Matric No.	
K / C / D / I / O	*K – Kulliyah, C – Centre, D – Department, I – Institute, O – Office
Telephone No.	Mobile: Office:
Email Address	
Flagship Name (Please refer to IIUM's list of Flagship)	
Research Interest	
Current Project (Community Service project / Research project / SDG-related project)	

I hereby APPROVE / DISAPPROVE this application. (Please delete whichever is not applicable.)

APPLICANT (Signature)

Date :

FLAGSHIP TEAM LEADER (Signature & Official Stamp)

Date :

TASK SPECIFICATION (to be completed by the Team Leader)

Task :

Duration : Starting date : (eg: 1/1/2020)

*Please submit this form to the Office of the Deputy Dean, Student Development and Community Engagement

FOR OFFICE USE ONLY

ACCEPTED / REJECTED (To be completed by the Dean / DDSDCE) CHECKED BY (Signature)	REMARKS:
	Name :	DATE RECEIVED: