**KULLIYYAH OF MEDICINE**

**Programme Approval Form**

*Note: All proposals are to be accompanied with this Program Approval Form.*

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| *Part One : To be filled in by the Program Organizer* |

Department : Click or tap here to enter text.

Program’s Title : Click or tap here to enter text.

Program’s Date : Click or tap to enter a date. Estimated Financial Implication: Click or tap here to enter text.

Source of Allocation : \*Operating Budget / \*Trust Fund / \*Sponsorships / \*No Allocation required /

\*Staff Collections (\*Please select / Circle)

If with Sponsorship, please mention details of Sponsorship: -

Click or tap here to enter text.

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| *Part Two : Approval by the Dean, Kulliyyah of Medicine* |
| Approved with Kulliyyah Budget  Approved with Departmental Budget  Approved with Sponsorship(s)  Approved with No Budget  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean’s Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved Amount: RM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |