

**OFFICE OF DEPUTY DEAN (POSTGRADUATE)**  
**Kulliyah of Medicine**

**RECOMMENDATION FOR ACCESS CARD APPLICATION FOR CLINICAL  
POSTGRADUATE STUDENT WORKING IN SASMEC@IIUM**

1	Name	
2	I/C No./Passport No	
3	Matric Number	
4	Handphone Number	
5	Department	
6	Programme	
7	Semester/Year	
8	Expected date of completion of study*	
9	Signature	
10	Date	

\*Extension of study may be required.

**Checked by:**

**Recommended by**

.....  
**Staff:**

**Official Stamp:**

**Date:**

.....  
**Deputy Dean (Postgraduate)**

**Official Stamp:**

**Date:**