



IIUM
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

KULLIYAH OF
MEDICINE

**OFFICE OF THE DEPUTY DEAN (POSTGRADUATE, RESEARCH AND INNOVATION)
KULLIYAH OF MEDICINE
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

BENCH FEE AND RESEARCH FEE WITHDRAWAL APPLICATION FORM

CHECK LIST

This application form is for withdrawal of the Bench Fee (for Master's, Doctoral and Master of Public Health programmes) and Research Fee (for Clinical Specialist Training and Doctor of Public Health programmes).

No.	Item / Document	Please tick (✓)	
		Student	Office Use
1.	Complete Application Form with Student's Signature		
2.	Brochure of Seminar/ Conference/ Workshop/Short Course and Other Supporting Documents		
3.	Declaration from Student and Supervisor		
4.	Approval by Head of Department (<i>if apply for seminar/conference/workshop/short course not related to Research</i>)		
5.	Verification by Deputy Dean (Postgraduate, Research and Innovation)		

FOR OFFICE USE

Document Complete / Incomplete

Date:.....

Checked by:

Name:

Position:

Endorsement	KPGC 9/2026
Version	3
Effective Date	12 October 2026

A. STUDENT'S DETAILS			
NAME	:		
EMAIL	:		
CONTACT NO.	:		
MATRIC NO.	:		
CITIZENSHIP	:		
PROGRAMME	:		
YEAR / SEMESTER OF STUDY	:		
B. SUPERVISOR'S DETAILS			
NAME	:		
EMAIL	:		
CONTACT NO.	:		
STAFF NO.	:		
C. APPLICATION DETAILS			
RESEARCH TITLE	:		
REASON FOR APPLICATION (tick one)	:	☐ Reimbursement of research expenses made ☐ Procurement of service and material for research ☐ Seminar/Conference/ Workshop/ Short Course not related to research <i>(Must attached with approved Application Form)</i>	
AMOUNT REQUESTED (RM)	:		
D. DECLARATION			
I, the student under the said supervisor, hereby declare that all receipts attached are genuine and the claims are true. I further declare that this expenditure was not incurred during a period of Leave of Absence, and has not been claimed previously from this or any other source. Signature: Date:		I, the supervisor for the said student, hereby declare that all receipts attached are genuine and the claims are true. Signature and Chop: Date:	
E. FOR OFFICE USE – BALANCE VERIFICATION			
Trust Fund	Balance Before Claim (RM)	Claim Amount (RM)	Balance After Claim (RM)
☐ S-169-0001 (Bench Fee) ☐ S-169-0002 (Research Fee) ☐ S-169-0002 (Research Fee for Workshop/Courses)			
Checked by (Officer-in-Charge): _____		Date: _____	

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F. VERIFICATION BY THE DEPUTY DEAN (POSTGRADUATE, RESEARCH AND INNOVATION)	
☐ Recommended ☐ Not Recommended	
Signature:	
Official Stamp:	Date: