



LEADING THE WAY
KHALIFAH - AMANAH - IqRA' - RAHMATAN UL-ALAMIN
LEADING THE WORLD



INTERNATIONAL MULTI-AWARD WINNING INSTITUTION FOR SUSTAINABILITY

Residential Management Unit Mahallah Zaid bin Harithah

APPLICATION TO CHANGE ROOM

Medical

Non Medical

[Section A : Personal Information]

Name : _____

Matric No. : _____ Course: _____

Phone No. : _____ Email : _____

Current Room No.: _____ Requested Room No.: _____

Reason :

I hereby declare that the above information given is **TRUE** and I agree to abide with the **Rules and Regulations of the Mahallah and University.**

Applicant Signature

Date

[Section B : For Medical Reason Application Only]

Verified by :

Medical Officer
Poliklinik Primer Sejahtera

Date

Recommended by

Chief Medical Officer
IIUM Sejahtera Clinic

Date

[Section C: Approval]

Approved

Not Approved

Assistant Hostel Manager
Mahallah Zaid bin Harithah

Date

- Note:**
1. For medical reason, please attach Medical Letter from **Poliklinik Primer Sejahtera**
 2. Application is subject to RM 5 processing fee.
 3. Approval is subject to **room availability**.