CITY UNIVERSITY MALAYSIA	**PQ PROFESSIONAL QUALIFICATION FUNDING REQUEST FORM**	☐ Accept by RMC ☐ Reject by RMC

APPLICANT:

Name of Applicant: _____

Staff ID: _____ Faculty/Department: _____

Email: _____ Handphone No: _____

PROFESSIONALQUALIFICATIONDETAILS:

Institution Name: _____

PQ Registration No: _____

Release Date: _____

Expiry Date: _____

I hereby declare that the information I submitted on this application is true and correct. I understand that City University Malaysia has a right to reject this application if false information is provided by applicant.

Applicants' Signature:	**Verify by HOD:**	**Recommend by Dean**	**Decision by RMC:**
_____	_____	_____	_____
Date:	**Date:**	**Date:**	**Date:**

Approve by Registrar:	**Action by Finance:**
_____	_____
Date:	**Date:**

Note: Please email the complete form with a copy of the PQ Certificate to the Research Management Office at *rd.center@city.edu.my* OR receipts and the completed Claim Form for reimbursement purpose