



UNIVERSITI TUN HUSSEIN ONN MALAYSIA
RE-REGISTRATION APPLICATION FORM

Name : _____
Matric No. : _____
Phone No. : _____
Adress : _____

Email : _____
Date : _____

To : DIRECTOR
OFFICE OF ACADEMIC MANAGEMENT,
UNIVERSITI TUN HUSSEIN ONN MALAYSIA,
86400, PARIT RAJA,
BATU PAHAT, JOHOR

Sir / Madam,

RE-REGISTRATION APPLICATION

The above matter is kindly referred.

2. I, named _____
would like to apply for Re-registration to continue my studies in Semester (I / II) of
Academic Session 20___ / 20___.

3. Here with the attach receipt of processing Re-registration application payment of RM 20.00
for Office of Academic Management reference and action.

Thank you.

Your sincerely,
