



STUDENT COUNSELLING APPOINTMENT FORM

MERDU, Faculty of Medicine, University Malaya

☎ 79675739 (Pn. Asiah) Fax 79675769 (asiah@ummc.edu.my)

Registration No.:
(No./mm/yy)

COMPLETION OF APPOINTMENT

| DATE | TIME | APPLICANT | COUNSELOR |
|------|------|-----------|-----------|
| | | | |

Name :

Programme / Year :

Student Matrix No. :

Undergraduate Post-graduate

Contact No. : MOBILE -

: TELEPHONE -

E-mail :

Please state DATE and TIME to your convenience

Signature :

Date / Time :

Date :

Official Use by MERDU

Counsellor :

Date :

Time :

Name of Counsellor :

| Date | Telephone / E-mail | Remarks | MERDU Staff |
|------|-----------------------|---------|----------------|
| | | | |

Applicant:

| Date | Telephone / E-mail | Spoken to | Appointment | | Remarks | MERDU staff |
|------|-----------------------|-----------|-------------|------|---------|----------------|
| | | | Date | Time | | |
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