FOR OFFICE USE (V1/2026):

Reference no. : ISB ____ ____ / 2026

UNIVERSITI MALAYA

FORM: VERIFICATION OF ACTIVE STATUS & CREDIT BALANCE

APPLICANT CATEGORY: ☐ **Undergraduate Student** ☐ **Postgraduate Student (Courseword)** ☐ **Postgraduate Student (Research/ Mixed Mode)** ☐ **Staff: _____**

SECTION A – APPLICANT INFORMATION

Full Name:

No. ID Staff / Matric:

Faculty / Institute / Centre:

Official UM Email:

Telephone No.:

SECTION B – RESEARCH PROJECT INFORMATION

Project Title:

Head Name/ Principal Investigator (PI)/ Supervisor:

SECTION C – EQUIPMENT DETAILS

attach additional sheet if space is insufficient

No.	Equipment Name	Location	Total Sample / Hour	Charge per Sample/ Hour (RM)	Total Charge/ Credit (RM)	Lab Staff Signature & Date

Comments by Laboratory/ Equipment Staff:

SECTION D – APPLICANT DECLARATION

☐ I hereby certify that all information provided is true and I agree to comply with all terms and conditions.

Applicant Signature:		**Date:**	

SECTION E – APPROVAL

cross out where not applicable

This is to certify that I _____ as the Credit Officer confirms that the applicant is an ***Undergraduate Student/ Postgraduate Student/ Staff** who is ***active/ inactive** and ***eligible/ not eligible** to use the current credit balance as follows:

Credit Balance:		**Signature of Credit Officer:**	

APPROVED BY	SIGNATURE & OFFICIAL STAMP	DATE
Approver 1: *Applicant: Approver* *Student: Supervisor* *Staff: HoD*		
Approver 2: *Applicant:Approver* *Student: HoD* *Staff: TDR*		