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**HICoE/CoE ENTITY OF EXCELLENCE**

**APPOINTMENT OF ASSOCIATE MEMBERS FOR NON - MALAYSIAN**

Reminder

1. Applicants are required to fill out this application form completely in accordance with the UiTM EK Guidelines.
2. Please complete the Information and Verification in Sections A, B and C.
3. Please send your application to the Secretariat Entity of Excellence Committee, UiTM Research Nexus (ReNeU), Department of Research & Innovation (JPI), Level 3, UiTM Shah Alam Wawasan Building.

Emel: [sek@uitm.edu.my](mailto:sek@uitm.edu.my)

Tel: 03-5544 2858

Please Mark : HICoE CoE

Please tick (√) the appropriate box below:

Appointment as Associate Members

|  |  |  |
| --- | --- | --- |
| **A. MEMBERSHIP INFORMATION** | | |
| Name | : |  |
| Staff no | : |  |
| University / Industry | ; |  |
| Field of Expertise | ; |  |
| Ongoing project | ; |  |
| Email | ; |  |
| Summary CV | ; |  |

Proposed Term of Appointment:

3 years Please state the proposed date:

5 years

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| **B. VERIFICATION OF HICoE / CoE DIRECTOR** |

Justification:

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(Signature & Official Stamp of the Director of HICoE/CoE)

Name:

Date:

|  |  |
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| **D.**  **EXCELLENCE ENTITY SECRETARIAT CHECK** | |
|  | **Signature/Official Stamp/Date** |
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| --- | --- |
| **E. DEPUTY DIRECTOR OF ReNeU** | |
| **Reviews** | **Signature/Official Stamp/Date** |
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| --- | --- |
| **F. SENIOR ASSISTANT REGISTRAR ReNeU** | |
| **Reviews** | **Signature/Official Stamp/Date** |
|  |  |

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| --- | --- |
| **F. DIRECTOR OF ReNeU** | |
| **Reviews** | **Signature/Official Stamp/Date** |
|  |  |