

Workstation : R&I

Version No : 01

Revision No : 00

Effective Date: 01 March 2018

**KULLIYYAH OF DENTISTRY**

**FINAL YEAR PROJECT CLAIM FORM**

**ACADEMIC SESSION \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_**

**TITLE OF PROJECT** : ………………………………………………………………………………………………….

 ………………………………………………………………………………………………….

**NAME OF MAIN SUPERVISOR** : ……………………………………………………………………………………

**NAME OF CO-SUPERVISOR(S)** : 1) …………………………………………………………………………………

 2) …………………………………………………………………………………

|  |
| --- |
| **PROJECT SUMMARY:** |
|  |
| **DETAILED BUDGET:** |
| **No** | **Item** | **Amount** |
|  |  |  |
|  | **Total =** |  |

***Note:*** *Please attach original receipt. Maximum claimable amount is RM300 per project.*

Requested by: Recommended by: Approved by:

………………………………… ………………………………… …………………………..

Main Supervisor Head of Research & Innovation Dean

Name: Name: Kulliyyah of Dentistry

Official Stamp: Official Stamp: Date:

Date: Date: