

AKAR (CO-WORKING SPACE)
BLOCK C, LEVEL 3, INSTITUTE FOR ADVANCED STUDIES
Tel. No :03-79674426 / 4518

Email: dekan\_ias@um.edu.my

## APPLICATION FORM AKAR (CO-WORKING SPACE) FOR UM STUDENTS

## Notes:

- 1. This form must be read together with the AKAR (Co-working space) Rules and Regulations. (Revision: Feb 2024)
- 2. Cancellation of the application must be made to the Administration Office, Level 2, Block D.

DETAILS OF APPLICANT						
Name (as per NRIC/ Passport)						
Matric No.	Mobile No.					
Faculty/PTj			_			
Siswa mail						
Personal email						
Period of Month	Start Date:	End Date:	Number of Month:			
Applicant's Declaration			his application form is true. I			
Please Tick (√)	understand that any at time the information or part thereof stated in this declaration is found contrary to facts, the University has the authority to reject my application.					
Signature of Applicant						
Date						
455:TIONAL INFORMATION						
ADDITIONAL INFORMATION	T					
How do you know us?	Instagram	Fa	cebook			
	Website	Ba	nner/ Bunting/ Flyers			
	Staff/ Friends					
Feedback Form						
	https://forms.office.com/	/r/1fQhu5HW0M				

		/ISOR(S)/HEAD OF D				
The application for	the use of AKAF	R (Co-working space)	in IAS is hereby			
RECOMME	NDED	NOT RECOMM	MENDED			
Name of Superviso	r / HOD					=
Faculty / PTj						
Date						
Signature & Official	stamp					
Notes: *Please tick.						
FOR OFFICE USE	ONLY					
Status of Application	n	Approved		R	ejected	
Cubicle No.			l	I		
Transaction Date	*Payment [Please tick $()$ ]				Amount (RM)	
2.00	Deposi					
		ps://epay.um.my-> Log Masuk (diwajibkan- Bayaran Mengikut PTJ/Fakulti->Institut Pengajian				
	Termaju	aju-> <b>IAS-Caj Pentadbiran</b>				
	Rental (RM30.0	00 / month)		(	RM30.00 x month	
	https://e	pay.um.edu.my ->Log Masuk (diwajibkan) - an Mengikut PTJ/Fakulti ->Institut			= RM )	
		an Nengikut P13/Fakt an Termaju -> <b>AKAR</b>			= KIVI)	
				TAL		
Notes: Please attach	receipt(s).			L		
Approval by Office	ers					
Signature						
Stamp						
Date						
Activation Period (I	Duration)					•
	·	(0) ( 0 )				
		(Start Date)			(End Date)	
RETURN OF KEYS		CARD / KEYS				
Student / Occupar Name	<u>nt</u>		Staff Received Name			
Matric. No			Designation			
Signature			Signature			
Date			Date			