

**APPLICATION FOR
SCIENTIFIC ARTICLE WRITING
PROGRAMME**

A. APPLICANT DETAILS					
Name:					
Current manuscript status: _____ %					
Mobile no.:				Email:	
Where would you be during the manuscript writing: Within PPSG/Campus (For approval by Head of Unit) Outside Campus (For approval by Head of Unit and Dean)					
Proposed manuscript title:					
B. MANUSCRIPT PROGRESS TRACKING RECORD					
A maximum of 5 days within 6 weeks are allowed to complete the manuscript. Fewer than five days are advisable. Please tick whichever is applicable.*					
No.	Suggested Date	Full Day*	Half Day*		Location (USM/outside USM)
1			Morning	Afternoon	
2			Morning	Afternoon	
3			Morning	Afternoon	
4			Morning	Afternoon	
5			Morning	Afternoon	
6			Morning	Afternoon	
7			Morning	Afternoon	
7			Morning	Afternoon	
9			Morning	Afternoon	
10			Morning	Afternoon	
C. DECLARATION BY APPLICANT				D. APPROVAL BY HEAD OF UNIT	
I hereby declare that the information provided is correct and I do not have any official commitment on the suggested date(s).				Approved Not approved.	
Signature:				Signature:	
Date:				Stamp:	
				Date:	
E. APPROVAL BY DEAN					
Approved Not approved					
Signature:					
Stamp:					
Date:					

(Submit the approved form to Unit SERANTA & Penerbitan – En Hakim/ Pn Norliana/ Pn Khairiena)