

TUNKU ABDUL RAHMAN UNIVERSITY OF MANAGEMENT AND TECHNOLOGY

FEBRUARY 2025 CONVOCATION

Authorisation for Collection/Returning of Convocation Attire Form

I _____ IC No. _____
(name)

Reg. No. _____ E-mail address _____

Contact no: _____ Programme _____

wish to authorise _____ (I/C No. _____),
(name)

and his/her contact no: _____ to collect/return the convocation attire on my behalf.

Signature

Date

Graduand's height: _____ cm

Graduand's weight: _____ kg

I hereby declare that I am the representative of the above named graduand.

Signature of Representative Date