



GOVERNMENT OF MALAYSIA

PERFORMANCE APPRAISAL ON OFFICER ATTENDING COURSE  
FOR ACADEMIC YEAR/SEMESTER/QUARTER \_\_\_\_\_

SECTION I—GENERAL INFORMATION

(To be completed by student)

NAME

SPONSORSHIP\*:

H.L.P.\*\*S.L.A.B.\*\*MONBUSHOOTHERS

STUDENT No.:

N.R.I.C. No.\*\*:

POSTAL ADDRESS & POSTCODE:

H.S.C. No.\*\*:

TELEPHONE No.:

EMPLOYMENT RECORD:

Scheme of Service:

Grade:

Head of Service/Department:

COURSE DETAILS:

1. Name of Institution:		
2. Length of Study:	3. Date of First Registration:	4. Expected Date of Completion:

- \* Please tick ( ✓ )
- \*\*

H.L.P. : Hadiah Latihan Persekutuan

S.L.A.B. : Sekim Latihan Akademik Bumiputera

N.R.I.C. : National Registration Identification Card

H.S.C. : High Security Card (Kad Pengenalan Baru)



5. Degree (Post-graduate/Diploma/Masters/Ph.D/Others\*)

6. Major/Field of Study:

7. Total credit hours and/or subjects required to complete the programme:

8. Total of transfer credit hours/subjects obtained from previous institution, if relevant:

9. Total credit hours/subjects accumulated to date:

10. **Research Details**

*(To be completed by research students only)*

(a) Title of the thesis: .....

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(b) Thesis outline: .....

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(c) Collection of data (status to date): .....

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(d) Analysis of data (status to date): .....

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\* Please delete where not relevant

(e) Status of research writing:

(i) Chapters drafted: .....

(ii) Chapters approved: .....

(iii) Chapters yet to be written: .....

(f) Expected date of submission: .....

(g) Date of viva/defence: .....

#### ACADEMIC CONTRIBUTIONS:

(Papers published/presented, seminar attended, etc.)

#### NON-ACADEMIC ACTIVITIES:

#### REWARDS/AWARDS:

I certify that the statements above are true, complete and correct.

Very Often

☐

Often

☐

Sometimes

☐

Seldom

☐

.....  
Date

.....  
Signature of Student



SECTION II—ACADEMIC PERFORMANCE, RESEARCH PROGRESS AND STUDENT’S RATING  
(To be completed by Supervisor/Programme Head/Academic Registrar)

RESEARCH PROGRESS

1. Examination results (by subjects) this academic year:

Name of subject	Code	Credit	Grade
(i) .....	.....	.....	.....
(ii) .....	.....	.....	.....
(iii) .....	.....	.....	.....
(iv) .....	.....	.....	.....
(v) .....	.....	.....	.....
(vi) .....	.....	.....	.....
(vii) .....	.....	.....	.....
(viii) .....	.....	.....	.....
(ix) .....	.....	.....	.....
(x) .....	.....	.....	.....
(xi) .....	.....	.....	.....
(xii) .....	.....	.....	.....
(xiii) .....	.....	.....	.....
(xiv) .....	.....	.....	.....

(N.B.: Enclose a copy of examination transcript)

2. GPA/Grade:	3. CGPA/Grade:
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4. Frequency of consultation with Supervisor/Academic Registrar/Programme Head during period of this report:

<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Very Often
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[ Please tick ( ✓ ) ]



RESEARCH PROGRESS

(Please use the following scale)

1	2	3	4	5
(1. Poor	2. Fair	3. Good	4. Very Good	5. Excellent)

(a) Student’s research progress according to approved plan of study:

(b) Please comment.

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STUDENT’S RATING

(Please use the following scale)

1	2	3	4	5
(1. Poor	2. Fair	3. Good	4. Very Good	5. Excellent)

(a) Commitment (Dedicated in pursuing studies)	<input type="text"/>
(b) Integrity (Performs task with intellectual honesty)	<input type="text"/>
(c) Discipline (Adheres to rules and regulations)	<input type="text"/>
(d) Work quality and efficiency (Produces good work within specified time)	<input type="text"/>
(e) Overall perspective (Able to view issues from a broader perspective)	<input type="text"/>
(f) Ability to work independently (Does not depend on supervisor or others to perform task)	<input type="text"/>
(g) Attendance (Attends lectures/tutorials regularly)	<input type="text"/>



(h) Language proficiency (student's command of the language of instruction)

(i) Written

(ii) Oral


Please enclose examination transcripts or detail results if it cannot be released to the student.

Date: .....

Signature: .....

Name of  
Supervisor: .....

Department's  
Official Seal: .....
