

UTM Hardship fund

Application form

Applicants must be an active student of Universiti Teknologi Malaysia

What can the Fund pay for

- i. Provide emergency payments to meet illness which not being covered or fully covered by insurance subjected to approval by the Hardship Fund Committee
- ii. The incident happens in current semester and Malaysia. Not home country
- iii. The Fund cannot be used to meet the cost of tuition fees.

Eligibility criteria

- I. Applicants must be a UTM student with an active status and valid student pass
- II. Applicants must have completed a minimum of one semester of their current programme at UTM.

How to Make an Application

- i. The completed application form should be returned to Student Experience Unit.
- ii. You need to provide supporting evidences/ document
- iii. Fund will be made in a single payment.
- iv. Applications can only be made once for the same illness throughout the period of study.
- v. Any appeal of the unsuccessful application will not be entertained.

Guidance on making an application

- ✓ Please ensure you provide all relevant documents with your application. We will not process your form that is not fully completed.
- ✓ Applicants should download and print the application form, complete it and return it with all evidences/ supporting documents to the Student Experience Unit. You will then be contacted within 30 working days for the application result
- ✓ An application does not guarantee the fund.
- ✓ Funds are limited.
- ✓ You will be notified by e-mail of the outcome of this application.
- ✓ Unsuccessful applications cannot be appealed.

Evidence and supporting documents required

✓ Please ensure that you include all evidence/ supporting documents relevant within the application form

HARDSHIP FUND APPLICATION FORM

1. PERSONAL DETAILS							
STUDENT NAME				NATI	IONALITY		
MATRIC NO.				PASSPORT NO.			
MARITAL STATUS				COUNTRY			
FACULTY				YEAF	R OF COURSE		
PROGRAM	SPONS			NSOR/ SELF FI	NANCE		
CURRENT ADDRESS			HOME ADDRESS				
MOBILE PHONE NO.			EMAIL ADDRESS				
DETAILS OF ANY ADULTS OR CHILDREN DEPENDENT						PENDEN	
NAME		RELATIONSHIP	AG	E	STATUS		ADDRESS

2. FINANCIAL HARDSHIP
Please explain the reason for your application.
Please state the amount of assistance requested
STUDENT'S DECLARATION
I certify that all the information given on this form is correct. I give permission for enquiries
to be made of the relevant authorities to substantiate the information provided.
I undertake to notify any changes in my circumstances immediately.
I understand that giving false information or failing to disclose all relevant information may lead to rejection of my application and render me liable to disciplinary action by Universiti
Teknologi Malaysia
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Name :
Date :