



LIST OF DOCUMENTS REQUIRED

1. Completed Study Extension Application Form are filled in Section A (filled in by Officers) & Section B (filled by Officer's Supervisor);
2. Gantt Chart – Ongoing Status for Master/ Ph.D (please refer to Lampiran 1 & 2)
Latest study planning together with the activities that have been carried out starting from the first self-report to the university until the estimated period of extension of studies and/ or;

Plan of Study (Subjects to be taken for the Extension Semester (New Subjects/ Repeat) and total credit hours remaining);
3. Research proposal containing the following:
 - i) Title of publication/ presentation;
 - ii) Study details
 - iii) Publication details (PhD) example: name of publication journal and date of publication
 - iv) Number of sample data requires
 - v) Number of sample data that has been successfully collected;
4. Medical report (if the extension is due to health problems); and
5. Other relevant documents according to the justification stated such as copies of letters/ emails from the University regarding technical problems/ infrastructure/ natural disasters/ accidents.

All of these documents can be scanned (in .pdf form) and emailed to ehlp1@moh.gov.my or posted to

**Bahagian Pengurusan Latihan
Kementerian Kesihatan Malaysia
Aras 6, No.26, Menara Prisma
Persiaran Perdana, Presint 3
Pusat Pentadbiran Kerajaan
Persekutuan, 62675 Putrajaya
(u.p. : Unit Latihan Dalam Perkhidmatan 1)**

Note:

- *Officers are advised to keep one (1) copy of the completed form before submitting it to BPL as a personal record.*
- *The application must use the form prescribed and submitted to the BPL by mail. Incomplete applications will not be processed.*

File No.:.....

(Leave it blank)

**TRAINING DIVISION
MINISTRY OF HEALTH MALAYSIA**

STUDY EXTENSION APPLICATION FORM

SECTION A: OFFICER'S DETAILS

Name	
Position & Grade	
National I/C No.	
Telephone No.	
Office Address	
Residential Address	
MOH email	
Others email	

Study Program : Master / Ph.D / Area of Special Interest

Field : _____

University / Institution : _____

Study Method : CBBP with HLP / CBBP without HLP / CBTG without HLP

Study Duration / Session : _____ until _____ (months)

Date of Approval :

Date of Study Extension : _____ until _____ (months)

Reasons for Extension

: _____

**Please attach a letter if there is not enough space*

Have / Had Never* Applied for Study Extension?

If yes : _____ **until** _____ **(** months)
(Fill in the date)

Officer's Signature : _____

Date of Application : _____

**strike-through non relevant*

SECTION B: CERTIFICATION BY OFFICER'S SUPERVISOR (UNIVERSITY)

Application : Supported / Not Supported*

Officer's Achievement Report:

Signature : _____

Date : _____

Name & Stamp : _____

**strike-through non relevant*

FILLED BY TRAINING DIVISION, MINISTRY OF HEALTH, MALAYSIA

SECTION C: CERTIFICATION BY HEAD OF PROGRAM / HEAD OF PROFESSION

Application : Supported / Not Supported*

Reviews / Recommendations:

Signature : _____

Date : _____

Name & Stamp : _____

**strike-through non relevant*