



جامعة السلطان الشريف علي الإسلامية
UNIVERSITI ISLAM SULTAN SHARIF ALI
SULTAN SHARIF ALI ISLAMIC UNIVERSITY

BRUNEI DARUSSALAM GOVERNMENT SCHOLARSHIP EXTENSION FORM (FOR LOCAL STUDENTS)

INSTRUCTION:

Students are required to submit the following:

- TWO (2) COPIES of completed application of SECTION A and the required documents to your Faculty/Centre of studies.
- This application form after receiving Approval of Extension of Candidature Letter from the Centre for Graduate Studies.
- This form must be submitted to the Centre for Graduate Studies **at least SIX (6) months before** the end of the scholarship.

SECTION A:

THIS SECTION IS TO BE COMPLETED BY THE STUDENT AND SUBMITTED TO THE FACULTY/CENTRE. YOU ARE REQUIRED TO ATTACH THE FOLLOWING DOCUMENTS.

Please tick the documents that you have enclosed:

<input type="checkbox"/>	Completed application form [<i>BDGS EXTENSION FORM (FOR LOCAL STUDENTS)</i>]
<input type="checkbox"/>	Copy of Identification Card/Smart Card
<input type="checkbox"/>	Copy of UNISSA Letter of Offer
<input type="checkbox"/>	Copy of Progress Reports (from Semester 1 until current Semester)
<input type="checkbox"/>	Copy of 'O' Level Certificate
<input type="checkbox"/>	Copy of the latest Certificate (Highest Qualification)
<input type="checkbox"/>	Copy of English proficiency test result (IELTS / TOEFL) [for applicants without 'O' Level English]
<input type="checkbox"/>	Letter of application for extension of scholarship from student (please provide justification for application)
<input type="checkbox"/>	Copy of Approval of Extension of Candidature Letter

I. APPLICANT'S INFORMATION (PLEASE FILL IN BLOCK LETTERS)			
FULL NAME (AS STATED IN IC)			
IC NO.		IC COLOUR	
DATE OF BIRTH (DD/MM/YY)		E-MAIL	
AGE		PHONE NO.	
II. PROGRAMME OF STUDY (PLEASE FILL IN BLOCK LETTERS)			
STUDENT ID NO.			
FACULTY / CENTRE			
PROGRAMME			
LEVEL OF STUDY (GRADUATE DIPLOMA / MASTER / PhD)		MODE OF PROGRAMME (BY COURSEWORK & DISSERTATION / BY RESEARCH / BY COURSEWORK ONLY)	
DURATION OF STUDY OFFERED (1/2/3 YEARS)		MODE OF STUDY (FULL-TIME / PART-TIME)	
COMMENCEMENT OF STUDY	<input type="checkbox"/> August _____ <input type="checkbox"/> January _____		
III. EXTENSION SCHOLARSHIP APPLICATION (NOTE: extension only applies for ONE (1) semester)			
1. Have you ever been previously awarded Brunei Government Scholarship to study at overseas or local Institutions/Universities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Have you ever been terminated from Brunei Government Scholarship? If yes, please give the reason for termination:		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been terminated from UNISSA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been approved for extension of current programme by UNISSA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Brief justification for scholarship extension application:		
IV. ACADEMIC QUALIFICATION		
Highest qualification	Please tick (/) where applicable:	
	QUALIFICATION	RESULTS
	'A' level / HNTech	<input type="checkbox"/>
	Higher National Diploma	<input type="checkbox"/>
	Bachelor's degree	<input type="checkbox"/>
	Master's degree	<input type="checkbox"/>

Bahasa Melayu 'O' Level examination results	YEAR	MARKS & GRADE	
English 'O' Level / Proficiency test result	Please tick (/) where applicable:		
	YEAR	QUALIFICATIONS <input type="checkbox"/> GCE 'O' Level <input type="checkbox"/> GCE 'A' Level <input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL	MARKS & GRADE
V. DECLARATION			
Have you ever been convicted by a Court of law of any country? If yes, please give detail:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>I hereby declare that the information provided in this application is correct and the attachments are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact. I authorise Universiti Islam Sultan Sharif Ali to obtain official records, if necessary, from any educational institution I have attended. I understand that any provision of inaccurate and false information or omission of information will render this application invalid and that, if admitted on the basis of such information, I can be required to withdraw from the scholarship.</p>			
Name			
Date		Signature	

SECTION B:

THIS SECTION IS TO BE COMPLETED BY THE SUPERVISOR(S)/CO-SUPERVISOR(S) AND SUBMITTED TO THE CENTRE FOR GRADUATE STUDIES. YOU ARE REQUIRED TO ATTACH THE FOLLOWING DOCUMENT.

Copy of Letter of Appointment as Supervisor/Co-Supervisor

VI. ENDORSEMENT BY SUPERVISOR (to be completed by Supervisor and return to Faculty/Centre)

☐ Yes
☐ No

Supervisor's remarks:

Signature

☐ Yes
☐ No

Co-Supervisor's remarks:

Co-Supervisor's Name	
Date	
Signature	
VII. ENDORSEMENT BY DEAN OF FACULTY / DIRECTOR OF CENTRE	
Dean/Director's recommendation for student's scholarship extension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean/Director's remarks:	
Dean/Director's Name	
Date	
Signature	

SECTION C: For CGS Office use

The following documents are required:

	Copy of Award Letter of Scholarship of student
	Memorandum of Endorsement from UNISSA

Received by CGS Staff
(name)

Signature

Date

VIII. ENDORSEMENT IN GRADUATE STUDIES COMMITTEE MEETING (MJPS)

MJPS Ref. No.

Academic Session

Date of Meeting

MJPS result

Approved

Not Approved

Justification

IX. ENDORSEMENT IN UNIVERSITY SENATE MEETING

Senate Ref. No.

Academic Session

Date of Meeting