TUNKU ABDUL RAHMAN UNIVERSITY OF MANAGEMENT AND TECHNOLOGY

MAY 2026 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 ……