## 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 / Plan of Study*;
3. Medical report (if the extension is due to health problems); and
4. Other relevant documents that are necessary (if any).

All of these documents can be scanned (in .pdf form) and emailed to

1. ehlp1@moh.gov.my; and
2. nurhanani.s@moh.gov.my.

*Note:*

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

**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*