



## APPLICATION FOR REPLACEMENT OF STUDENT IDENTITY CARD

[Please read the 'Important Notes' before completing this Form]

### STUDENT PERSONAL PARTICULARS

Name : \_\_\_\_\_

Student ID : \_\_\_\_\_

### REASON(S) FOR REPLACEMENT

[Tick(✓) the appropriate box(es)]

Damage     
  Loss     
  Others (please specify): \_\_\_\_\_  
 \_\_\_\_\_

### DECLARATION

- I hereby pay a total of RM50.00 by cash / \* postal order / money order / bank draft / cheque / visa / master card / ATM card (No: \_\_\_\_\_) for the administrative fee.  
 \* All payments must be payable to "Wawasan Open University Sdn Bhd"
- I declare that all information given in this form is accurate and complete. I have read the Important Notes of this form and agree to conform to the related Rules and Regulations of the University.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### IMPORTANT NOTES

- Please complete this form and enclose a recent passport-sized photo. Write your name and student number on the back of the photograph.
- Please submit the completed form to your Regional Office.
- A letter certifying that the student is applying for a Replacement Student Identity Card will be issued upon request to the applicant to serve as a temporary entry permit to the University premises. Validity of the permit will expire on the date of collection of the Replacement Student Identity Card.
- You may collect your new Student ID Card from your respective Regional Office on a date to be advised by the Regional Office.
- If you are unable to collect the replacement card in person, you may authorize a person to pick up the card on your behalf.
- In the event that the original card is found after submission of this application, students are required to inform the Registry and return the original card for cancellation. The Replacement Student ID Card Fee will not be refunded.
- The Student ID Card issued by Wawasan Open University is an important proof of identity and should be kept with due care.

**FOR OFFICE USE ONLY**

Processed by:

Authorized by:

Name : \_\_\_\_\_  
(Regional Office Manager)

Name : \_\_\_\_\_  
(Registrar)

Signature : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_

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