الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يونيفرسيتي إسلام انتارابغسا ملايسيا

OFFICE OF THE
CAMPUS DIRECTOR
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA, KUANTAN CAMPUS

Reference No.: _____

PROGRAMME REPORT FORM
(Please use additional attachment for detailed report)

1. Name of programme : _____

2. Organiser : _____

3. Date : _____ 4. Venue : _____

5. No. of participants : Local: _____ International : _____

   Outsider: _____

6. Accompanying Officer : _____

7. Budget spent : RM _____ Outside Sponsorship: RM _____

8. Collaborations : _____

9. VIP' Attended : *(Please mention the session)*
   i. _____
   ii. _____

10. SDG GOALS (Please tick (/) which relevant)

Goal 1: No Poverty	☐	Goal 2: Zero Hunger	☐	Goal 3: Good Health & Wellbeing	☐
Goal 4: Quality Education	☐	Goal 5: Gender Equality	☐	Goal 6: Clean Water & Sanitation	☐
Goal 7: Affordable & Clean Energy	☐	Goal 8: Decent Work & Economic Growth	☐	Goal 9: Industry, Innovation & Infrastructure	☐
Goal 10: Reduce	☐	Goal 11: Sustainable Cities & Communities	☐	Goal 12: Responsible Consumption & Production	☐
Goal 13: Climate Action	☐	Goal 14: Life Below Water	☐	Goal 15: Life on Land	☐
Goal 16: Peace, Justice & Strong Institutions	☐	Goal 17: Partnership for for the goals	☐		

11. MAQASID SHARIAH (Please tick (/) which relevant)

Faith	
Life	
Intellect	
Lineage	
Wealth	

12. MISSION OF IIUM (Please tick (/) which relevant)

Islamisation	
Internationalization	
Integration	

13. Achievements / observation

_____

_____

_____

14. Shortcomings

_____

_____

15. Conclusion

_____

_____

16. Suggestions

_____

_____

17. Please attach the following documents:
    a. At least 3 pieces of pictures.
    b. Programme Schedule
    c. Organizing Committees (Name / Post / Matric No.) ***Please provide numbering**
    d. Lists of participants (Name / Matric No.) ***Please provide numbering**
    e. Programme book, magazine, bulletin (*if any*)
    f. Copy of Approval Letter, PPF and Proposal
    g. Summary of Student Programme Feedback Survey

PREPARED BY: ……. Secretary of Programme. Name : Date :	**CHECKED BY:** ……... Programme Manager Name : Date :
CHECKED BY: …….. President of the Club Name: Date :	**ENDORSED BY:** ……... Advisor Name and Official Stamp : Date :

(FOR OFFICE USE)	
APPROVED BY DEPUTY DEAN (SDCE) / HEAD : **…….** **Name :** **Official Stamp :** **Date :**	**DATA ENTRY IN "STARS" BY :** **…….** **Name :** **Staff No. :** **Date :**