



UTS ACADEMIC RESOURCE CENTRE (ARC) USER EDUCATION REQUEST FORM

Please contact Mr. Andreas (andreas@uts.edu.my)(ext.384) for any enquires.

Note: All field with asterisk (*) are required.

Full Name:	*	<input style="width: 95%;" type="text"/>		
(Capital letter)				
Phone No.:	*	<input style="width: 150px;" type="text"/>	School / Department:	*
				<input style="width: 150px;" type="text"/>
E-mail:	*	<input style="width: 150px;" type="text"/>	Matric No.:	*
				<input style="width: 150px;" type="text"/>
Date Requested:	*	<input style="width: 150px;" type="text"/>		
List of participant:				
No	Name	Matric No		
For ARC Use				
Approve by:				
Name:	<input style="width: 150px;" type="text"/>			
Date:	<input style="width: 150px;" type="text"/>			
Sign:	_____			

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