PROGRAMME REPORT FORM STAFF MOBILITY

(Please use additional attachment for detailed report)

1. Name of Programme: _____________________________________________________

2. Organiser: _________________________________________________________________________

3. Date / Duration (in days): _______________ 4. Venue: ______________________________________

5. No. of Participants: _______________

6. Budget spent: RM _______________ Outside Sponsorship: RM _________________

7. VIP’ Attended: i. _________________________________________________________________
   (Please mention the session) _________________________________________________________

8. Programme / Activities engaged with the Host University:

   (Must introduce IIUM and must have at least one activity on research)

   List Programme Schedule

   At least 3 pieces of pictures.

   Please attach Programme book, magazine, bulletin (if any)

9. Please provide minimum of five (5) International Contacts that you have established:

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<tr>
<th>No</th>
<th>Names</th>
<th>Contact Address</th>
<th>Email</th>
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10. Outcome / Impact from the above activities:

   (MoA or MoU / Research Collaboration / New Grant / Talks or Lectures/ Joint Seminar):

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
11. Shortcomings

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

12. Conclusion (Future Programme: Recommendation?)

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

13. Suggestions

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

PREPARED BY:

........................................................................
Kulliyyah
Date:

ENDORSED BY:

........................................................................
Dean
Kulliyyah
Date:

(FOR OFFICE USE)

........................................................................
Deputy Director
Management Services Division
Date: .................................