CENTRE FOR BUSINESS DEVELOPMENT	Document Code : PPP/BIP (P1)	Amendment No:
		References No: PPP / BIP /
	BUSINESS INCENTIVES STUDENT RECRUITMENT ACTIVITIES (BUDDY & PTJ)	Date:

Please complete the form based on the categories of person/persons acquiring students. The completed form should be endorsed by the Head Of Department in order to enable incentive payment to be approved.

1. Buddy/Partner ☐ (Please complete Part 1) 2. Department/School ☐ (Please complete Part II)

PART I: FOR THE ACTION OF APPLICANT/PARTNER	
A. Applicant Information A.1. Identification Card No/ Passport	
A.2. Matric No	
A.3. Name	
A.4. School/Department	
A.5. Programme/Name Of Study (Title)	Diploma/First Degree ☐ Programme: _____ Masters ☐ Programme: _____ PhD/Equivalent ☐ Programme: _____
A.6. Year Of Study	
A.7. Relationship To Student	Family Member/ ☐ Friend/Collegue ☐ Family Friend/Acquitance ☐ Buddy/Partner
A.8. Contact Information	Telephone No: _____ Email Address: _____
B. Personal Information Of Student Recruited B.1. Identification Card No/ Passport	
B.2. Matric No	
B.3. Name	
B.4. School/Department	
B.5. Programme/Name Of Study (Title)	Diploma/ First Degree ☐ Programme: _____ Masters ☐ Programme: _____ PhD/Equivalent ☐ Programme _____
B.6. Programme Session	
B.7. Contact Information	Telephone No: _____ Email Address: _____

Signature (Applicant): _____ Signature (Recruited Students: _____

Date : _____ Date : _____

PART II: FOR ACTION OF APPLICANT

Please complete the information regarding recruited students using Student List: For Payment of Business Incentive (List **PPP/IPP**).

PART III: FOR ATTESTATION BY SCHOOL/ DEPARTMENT

A. Confirmation Of Payment : *Buddy/Partner*

1. I ....., Head Of Department/School..... hereby **APPROVE** ☐ **/DO NOT APPROVE** ☐ the recruitment of the said student by the applicant (as per information in Part I) has registered and paid course fees.

2. I **AGREE** ☐ **/DO NOT AGREE** ☐ the incentive payment (If do not agree please elaborate the reasons)

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B. Confirmation Of Payment : Department/School

I ....., Head Of Department/School ..... hereby **CONFIRM** the recruitment of student (as mention in part II) has registered and paid course fees.I propose the incentive payment to be credited into the Department's Account.

Name And Designation Head Of Department/School (Rubber Stamp HOD) :

Signature :

Date :

PART IV : FOR THE ACTION OF CENTRE FOR BUSINESS DEVELOPMENT

The above information has been checked/ authenticated and the decision is:

Approved ☐ Payment to the Applicant | RM

Not Approved ☐ Elaboration/Reason _____

_____

Name and Designation :

Signature :

Date :