
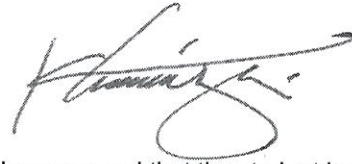


FAKULTI : SEKOLAH PERNIAGAAN ANTARABANGSA AZMAN HASHIM
TAJUK : PERMOHONAN PELANJUTAN NOTIS HANTAR TESIS

BUTIRAN PELAJAR	KETERANGAN PELAJAR	ULASAN DAN TINDAKAN FAKULTI	KELULUSAN																											
<p>NAMA : RAMIN AZADAVAR</p> <p>NO K/P @ ISID : 201111M10009</p> <p>NO MATRIK : PR113005</p> <p>PROGRAM : DOKTOR FALSAFAH</p> <p>JENIS PENGAJIAN : PENYELIDIKAN</p> <p>BENTUK PENDAFTARAN : SEPENUH MASA</p> <p>PENYELIA : PROF. DR. WAN KHAIRUZZAMAN BIN WAN ISMAIL</p> <p>BIL SEM: 15/16</p> <p>STATUS : AKTIF</p> <p>MUKASURAT : 1/1</p>	<p>1.1 Notis Hantar Tesis pelajar telah diperakukan pada Mesyuarat JAPSU pada 16 Oktober 2018.</p> <p>1.2 Berikut adalah maklumat perakuan terdahulu :</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 5%;">Bil</th> <th style="width: 45%;">Nama Calon Pemeriksa Dalam</th> <th style="width: 50%;">Perakuan JAPSU</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Prof. Dr. Nur Naha Binti Abu Mansor</td> <td>Dilantik</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Prof. Dr. Khalil Bin Md Nor</td> <td>Gantian</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 5%;">Bil</th> <th style="width: 45%;">Nama Calon Pemeriksa Luar</th> <th style="width: 50%;">Perakuan JAPSU</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Prof. Dr. Ahmad Bin Othman (KUPTM)</td> <td>Dilantik</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Prof. Dr. Abdul Jumaat Bin Mahajar (UPSI)</td> <td>Gantian</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Bil</th> <th style="width: 45%;">Nama Calon Pengerusi</th> <th style="width: 50%;">Perakuan JAPSU</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Tan Sri. Prof. Ir. Dr. Mohd Zulkifli Bin Mohd Ghazali</td> <td>Dilantik</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Prof. Dr. Roselina Binti Ahmad Saufi</td> <td>Gantian</td> </tr> </tbody> </table> <p>1.1 Walaubagaimanapun pelajar tidak menghantar tesis bagi tujuan peperiksaan lisan dalam tempoh SETAHUN selepas perakuan notis.</p>	Bil	Nama Calon Pemeriksa Dalam	Perakuan JAPSU	1	Prof. Dr. Nur Naha Binti Abu Mansor	Dilantik	2	Prof. Dr. Khalil Bin Md Nor	Gantian	Bil	Nama Calon Pemeriksa Luar	Perakuan JAPSU	1	Prof. Dr. Ahmad Bin Othman (KUPTM)	Dilantik	2	Prof. Dr. Abdul Jumaat Bin Mahajar (UPSI)	Gantian	Bil	Nama Calon Pengerusi	Perakuan JAPSU	1	Tan Sri. Prof. Ir. Dr. Mohd Zulkifli Bin Mohd Ghazali	Dilantik	2	Prof. Dr. Roselina Binti Ahmad Saufi	Gantian	<p>1.1 Pelajar telah memohon untuk pembaharuan notis dan mengekalkan panel lantikan sebelum ini yang telah mendapat sokongan dari penyelia dan fakulti.</p> <p>1.2 Dokumen seperti dilampiran.</p>	<p style="text-align: center;">Disokong / Tidak disokong</p> <div style="text-align: center;">  PROF. DR. NUR NAHA ABU MANSOR Dean / Professor Azman Hashim International Business School Level 10, Menara Razak Universiti Teknologi Malaysia Jalan Sultan Yahya Petra 54100 Kuala Lumpur, Malaysia Tel : +(6)03-2180 5079 Fax : +(6)03-2180 5608 nurnaha@utm.my nurnaha@ibs.utm.my </div> <p style="text-align: center;">Dekan/ID (Akademik) Cop Rasmi</p> <p>Tarikh : <u>19/10/2018</u></p> <p style="text-align: center;">Setuju / Tidak Setuju (Ulasan)</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Pengerusi Mesyuarat Jawatankuasa Akademik Pengajian Siswazah Universiti (JAPSU) & Cop Rasmi</p> <p>Tarikh : _____</p>
Bil	Nama Calon Pemeriksa Dalam	Perakuan JAPSU																												
1	Prof. Dr. Nur Naha Binti Abu Mansor	Dilantik																												
2	Prof. Dr. Khalil Bin Md Nor	Gantian																												
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Bil	Nama Calon Pengerusi	Perakuan JAPSU																												
1	Tan Sri. Prof. Ir. Dr. Mohd Zulkifli Bin Mohd Ghazali	Dilantik																												
2	Prof. Dr. Roselina Binti Ahmad Saufi	Gantian																												

October 11/2018



I recommend that the student be allowed to postpone his submission due to his health condition. 12/10/18

REQUEST FOR EXTENSION THESIS SUBMISSION DEADLINE

Wan Khairuzzaman Wan Ismail, PhD
Azman Hashim International Business School (IBS),
Lvl 10, Razak Tower, Jalan Semarak, 54100 Kuala
Lumpur, MALAYSIA
email: mwkhair@ibs.utm.my
Tel: +603-21805079 Mobile: +6019-4616464
Fax: +60321805608

Dear Prof, Wan Khairuzzaman Wan Ismail,

As attached evidences, I had a major car accident last month and I'm under physiotherapy treatment in United State of America. Unfortunately, I'm not able to be in Malaysia for my thesis submission on Oct 24/2018. I'll be appreciated if you Agree extending my thesis submission time. Certainly, I'll be in Malaysia as soon as possible.

Best Regards,

Ramin Azadavar



PhD Student / AHIBS / UTM

Email: ramin.pb@gmail.com

H/P: +1 (424) 542 2220

Release/ Return to work or school

Name Ramin Azadavar Date of Injury 08/18/2018

Name of employer whom it may concern.

This is to certify the above named ^{Patient} ~~employee/student~~ has been under my care and is

Not able to return to School/ Work until FLY 12/15/2018
 Able to return to School/ Work with the following restriction:

- No Heavy Lifting.
- No Heavy Work.
- No Bending or Stooping
- Limited to light work
- No long walking or running
- Limited exercise.

Mid-Valley Healthcare Center - Sherman Oaks Clinic
5658 Sepulveda Blvd., Unit #210, Sherman Oaks, Ca. 91411
Dr. Alireza Mir-Shojae, DC, OME, CMTA
Manipulation Under Anesthesia
Clinic Director (818) 674-0326

Physician:  Date: 10/11/2018

The patient cannot have long periods of sitting or standing or walking. Due to his low back injury. Please cooperate with Mr. Azadavar.

D. Mirshojae 

Mid-Valley Healthcare Center - Sherman Oaks Clinic
5658 Sepulveda Blvd., Unit #210, Sherman Oaks, Ca. 91411
Dr. Alireza Mir-Shojae, DC, OME, CMTA
Manipulation Under Anesthesia
Clinic Director (818) 674-0326



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October 4, 2018

Ramin Azadavar
6530 Sausalito Avenue
West Hills, CA 91307

Re: Your Accident of August 18, 2018.

Dear Mr. Azadavar,

We received the Traffic Collision Report today in regards to your car accident. Enclosed, please find a courtesy copy.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

MHM LAW GROUP, APLC

Jasmin Anglade

Legal Assistant to Michael H. Moghtader

PLEASE REPLY TO:

18321 VENTURA BLVD
SUITE 840
TARZANA, CA 91356
TEL: (818) 996-9600
FAX: (818) 996-1700

2372 MORSE AVE.
SUITE 3
IRVINE, CA 92614
TEL: (949) 652-2400
FAX: (818) 996-1700

220 SOUTH "A" ST.
SUITE 9
OXNARD, CA 93030
TEL: (805) 888-8880
FAX: (818) 996-1700

8611 CALIFORNIA AVE.
SUITE A,
SOUTHGATE, CA 90280
TEL: (213) 545-2070
FAX: (818) 996-1700

8304 E. THIRD ST.
DOWNEY, CA 90241
TEL: (213) 545-2070
FAX: (818) 996-1700



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PAGE COUNT: 6

CLIENT : 5795
DIVISION : 0647
ADJUSTER : N0321568
CLAIM : 038078059-1

TRANSACTION # : 734580603
DATE : 09/20/2018

DATE OF LOSS : 08/18/2018 TIME OF LOSS : 01:30 PM
STREET : LOUISE AVE
CITY : VAN NUYS
COUNTY : LOS ANGELES
STATE : CA

INVESTIGATING AGENCY : LOS ANGELES PD
REPORT NUMBER : 180818004643
REPORT TYPE : Auto Accident
PARTY 1 : RAMIN AZADAVAR
PARTY 2 :
PARTY 3 :

CAR : CIVIC MAKE : HOND YEAR : 2016
TAG :

DRIVER LICENSE : Y9134643
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
 CHP 555 Page 1 (Rev. 11-06) OPI 065

VTD SENT SEP 12 2018

ALIFORNIA
 TIC COLL
 555 Page 2 (Rev
 OF COLLISION (INC. DAY
 08/18/2018
 OWNERS NAME
 PROPERTY
 DAMAGE

SPECIAL CONDITIONS		NUMBER INJURED 1	HT & RIM FELY <input type="checkbox"/>	CITY Los Angeles	JUDICIAL DISTRICT Los Angeles	LOCAL REPORTING NUMBER 181D14583	
		NUMBER KILLED 0	HT & RIM MOD/MEACHOR <input type="checkbox"/>	COUNTY Los Angeles	REPORTING DISTRICT 1037	BEAT 10A39-W3	DAY OF WEEK S M T W T F S
LOCATION		COLLISION OCCURRED ON VANOVEN ST.			MO. DAY YEAR 08 18 2018	TIME (2400) 1940	MCIC # 1942
MILEPOST INFORMATION		GPS COORDINATES			OFFICER I.D. NO. 42442		
FEET/MILES OF		LATITUDE			PHOTOGRAPHS BY: <input type="checkbox"/> NONE		
AT INTERSECTION WITH		LONGITUDE			STATE HWY FIEL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
OR FEET/MILES		OF LOUISE AVE					
PARTY 1	DRIVERS LICENSE NUMBER F7126433	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2010	MAKE/MODEL/COLOR FORD/ESCAPE/BLACK
DRIVER	NAME (FIRST, MIDDLE, LAST) GEOVANY, HECTOR, CHAVEZ			LICENSE NUMBER 7XBT053		STATE CA	
PEDES-TRIAN	STREET ADDRESS 14812 1/2 SVALUW ST.						
PARKED VEHICLE	CITY/STATE/ZIP VAN NUYS, CA, 91411						
BICY-CLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 508	WEIGHT 160	NO. BIRTHDATE 09/27/1995	RACE H
OTHER	HOME PHONE 818-212-0881			BUSINESS PHONE -			
INSURANCE CARRIER MULTI STATE INC		POLICY NUMBER #NMC1175439					
DIR OF TRAVEL E1B		ON STREET OR HIGHWAY VANOVEN ST.		SPEED LIMIT 35 MPH			
PARTY 2	DRIVERS LICENSE NUMBER N0952636	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2008	MAKE/MODEL/COLOR CHRYSLER/SEBRING/ISSUER
DRIVER	NAME (FIRST, MIDDLE, LAST) MICHAEL, HOSPODAR			LICENSE NUMBER 6DHV130		STATE CA	
PEDES-TRIAN	STREET ADDRESS 5455 WHITE OAK AVE UNIT #301						
PARKED VEHICLE	CITY/STATE/ZIP ENCINO, CA, 91316						
BICY-CLIST	SEX M	HAIR BRN	EYES GRY	HEIGHT 603	WEIGHT 240	NO. BIRTHDATE 08/14/1953	RACE W
OTHER	HOME PHONE 818-370-7693			BUSINESS PHONE -			
INSURANCE CARRIER USAA		POLICY NUMBER #00260-15-40					
DIR OF TRAVEL W1B		ON STREET OR HIGHWAY VANOVEN ST		SPEED LIMIT 35 MPH			
PARTY 3	DRIVERS LICENSE NUMBER V9134643	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2016	MAKE/MODEL/COLOR HONDA/CRV/C/BLACK
DRIVER	NAME (FIRST, MIDDLE, LAST) RAMEN, AZADAVAR			LICENSE NUMBER 7VNU586		STATE CA	
PEDES-TRIAN	STREET ADDRESS 6530 SAUSALITO AVE						
VEHICLE	CITY/STATE/ZIP WEST HILLS, CA, 91407						
BICY-CLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 509	WEIGHT 154	NO. BIRTHDATE 06/15/1972	RACE O
OTHER	HOME PHONE 424-542-2220			BUSINESS PHONE -			
INSURANCE CARRIER LIBERTY INC		POLICY NUMBER #A022685432850487					
DIR OF TRAVEL S1B		ON STREET OR HIGHWAY LOUISE AVE		SPEED LIMIT 35 MPH			
PREPARER'S NAME MIRICK, R		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME [Signature]		DATE REVIEWED 08-18-18	

Destroy previous edition #180818009643 c555_b05.frp

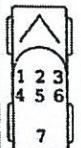
AUDIT SEP 18 2018 9 7 0 3

1 IN 1 FD
 YES [X] NO []
 OFFICER ID: 101583
 TON NAME: []
 OFFICER ID: []

**CALIFORNIA
 TRAFFIC COLLISION CODING**
 955 Page 2 (Rev. 11-06) OPI 065

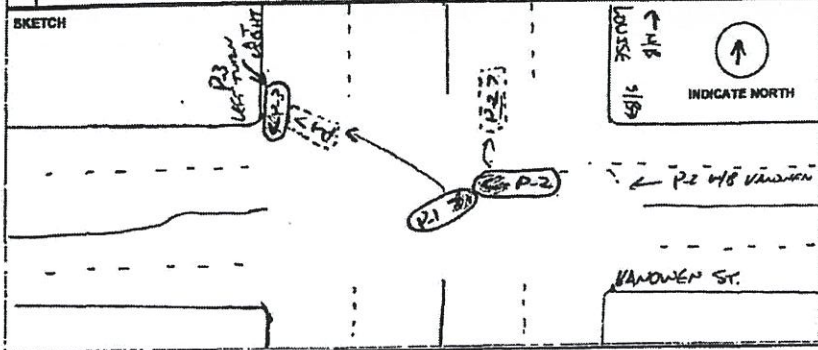
OF COLLISION (MO. DAY YEAR) 08/18/2018 TIME (24HR) 1940 NCK # 1942 OFFICER ID. 42442 NUMBER 181014583

OWNER'S NAME _____ OWNER'S ADDRESS _____ NOTIFIED [] YES [] NO []

PROPERTY DAMAGE DESCRIPTION OF DAMAGE	SEATING POSITION  1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK OR VAN 9 - POSITION UNKNOWN 0 - OTHER	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE	M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO/C/D E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
---	---	--	---	--	--

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (S) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1			2			3			SPECIAL INFORMATION	1			2			3			MOVEMENT PRECEDING COLLISION
		1	2	3	1	2	3	1	2	3		1	2	3	1	2	3				
1 A VC SECTION VIOLATED CITED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>21801(A)</u> B OTHER IMPROPER DRIVING*	A CONTROLS FUNCTIONING B CONTROLS NOT FUNCTIONING* C CONTROLS OBSCURED D NO CONTROLS PRESENT / FACTOR*									A HAZARDOUS MATERIAL B CELL PHONE HANDHELD IN USE C CELL PHONE HANDSFREE IN USE D CELL PHONE NOT IN USE E SCHOOL BUS RELATED F 75 FT MOTORTRUCK COMBO G 32 FT TRAILER COMBO H I J K L M N O										A STOPPED B PROCEEDING STRAIGHT C RAN OFF ROAD D MAKING RIGHT TURN E MAKING LEFT TURN F MAKING U TURN G BACKING H BLOWING / STOPPING I PASSING OTHER VEHICLE J CHANGING LANES K PARKING MANEUVER L ENTERING TRAFFIC M OTHER UNSAFE TURNING N XING INTO OPPOSING LANE O PARKED P MERGING Q TRAVELING WRONG WAY R OTHER*	
C OTHER THAN DRIVER* D UNKNOWN*	TYPE OF COLLISION A HEAD-ON B SIDE SWIPE C REAR END D BROADSIDE E HIT OBJECT F OVERTURNED G VEHICLE / PEDESTRIAN H OTHER*																				
WEATHER (MARK 1 TO 2 ITEMS) A CLEAR B CLOUDY C RAINING D SHOWING E FOG / VISIBILITY FT. F OTHER* G WIND	MOTOR VEHICLE INVOLVED WITH A NON - COLLISION B PEDESTRIAN C OTHER MOTOR VEHICLE D MOTOR VEHICLE ON OTHER ROADWAY E PARKED MOTOR VEHICLE F TRAIN G BICYCLE H ANIMAL: I FIXED OBJECT: J OTHER OBJECT:																				
LIGHTING A DAYLIGHT B DUSK - DAWN C DARK - STREET LIGHTS D DARK - NO STREET LIGHTS E DARK - STREET LIGHTS NOT FUNCTIONING*	PEDESTRIAN'S ACTIONS A NO PEDESTRIANS INVOLVED B CROSSING IN CROSSWALK - AT INTERSECTION C CROSSING IN CROSSWALK - NOT AN INTERSECTION D CROSSING - NOT IN CROSSWALK E IN ROAD - INCLUDES SHOULDER F NOT IN ROAD G APPROACHING / LEAVING SCHOOL BUS									OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS) A VC SECTION VIOLATION CITED YES NO B VC SECTION VIOLATION CITED YES NO C VC SECTION VIOLATION CITED YES NO											
ROADWAY SURFACE A DRY B WET C SNOWY - ICY D SLIPPERY (MUDDY, OILY, ETC.)	ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS) A HOLES, DEEP RUT* B LOOSE MATERIAL ON ROADWAY* C OBSTRUCTION ON ROADWAY* D CONSTRUCTION - REPAIR ZONE E REDUCED ROADWAY WIDTH F FLOODED* G OTHER* H NO UNUSUAL CONDITIONS																				



MISCELLANEOUS
 PARTNER: MORRISON #42993

STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS
 CHP 555 Page 3 (Rev. 11-06) OPI 065

CALIFORNIA
 CALTIVE/SU
 656 (REV. 7-03)
 DATE OF INCIDENT/DOC DATE
 08/18/2018
 * Note: This form is for use
 Informant

DATE OF COLLISION (MO. DAY YEAR) 08/18/2018				TIME (2400) 1940		NOC # 1942		OFFICER I.D. 42442				NUMBER 781014583							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER	SEAT POS.	AIR BAG: SAFETY BAG: EQUIP.	EJECTED				
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST					OTHER			
<input type="checkbox"/>	<input type="checkbox"/>	23	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	1	M/G	<input checked="" type="checkbox"/>			
NAME / D. O. B. / ADDRESS CHAVEZ, GEOVANY, HECTOR												TELEPHONE 818-212-0881							
(INJURED ONLY) TRANSPORTED BY: LAED ENGINE 100												TAKEN TO:							
DESCRIBE INJURES COMPLAINT OF PAIN TO RIGHT SHOULDER																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D. O. B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D. O. B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D. O. B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D. O. B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D. O. B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARED BY NAME MIRICK, R				I.D. NUMBER 42442				MO. DAY YEAR 08/19/2018				REVIEWER NAME [Signature] 30972				MO. DAY YEAR 08-19-18			

AIR SAFETY
 EJECTOR
 14583
 24583

CALIFORNIA
WARRANTIVE/SUPPLEMENTAL
 556 (Rev. 7-03) OPI 042

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
08/18/2018	1940	1942	42442	181014583

* Note: This form is for use with Class II traffic collisions only.

- Information received telephonically.
- No At-Scene Investigator. All information received from _____ at _____ Station.

COLLISION SUMMARY:

P-1 DRIVING V-1 E/B VANOWEN. V-1 COMPLETED N/B TURN ONTO LOUISE AVE.
 V-1 COLLIDED W/ V-2. V-1 THEN COLLIDED W/ V-3.

AREA(S) OF IMPACT: Estimated Paced Measured:

AOI #1 was 25 Feet WEST of the SOUTH curb of VANOWEN ST.
 and 25 Feet NORTH of the EAST curb of LOUISE AVE
 (IF APPLICABLE).

AOI #2 was 5 Feet EAST of the NORTH curb of VANOWEN ST.
 and 2 Feet NORTH of the WEST curb of LOUISE AVE

(INCLUDE ADDITIONAL AOIS IN THE NARRATIVE)

AOI(S) Determined by: Statements Debris Tire Mark(s) Point of Rest Other

UPON ARRIVAL (AT SCENE INVESTIGATIONS): Citizen Call Radio Call Observation Received: 1950 At Scene: 1954
 Additional: Incident #: 180818004643

CONTROLS: Not a Factor All Controls Clearly Visible and Operational Yes No (IF NO, DESCRIBE IN NARRATIVE)

Tri-Light Signal(s): Protected Permissive (Describe):

Stop Sign(s): Location & Directions Controlled: 2-WAY CLEARLY VISIBLE? YES NO

Lane Markings (Describe):

Crosswalk: Marked or Unmarked Location: _____

Other: _____

PHYSICAL EVIDENCE: (SCRUB MARKS, SKID, DEBRIS FIELD, ETC.)

1. Type & Location

2. Type & Location

REMARKS: 04.37.00 Information exchanged at scene Yes / No (If No, explain in "Additional")

- Crime Info: Hit & Run, Misd: P-1, driving V-1, failed to stop and ID self or otherwise comply with 20002(a) VC.
- Hit & Run, Felony: P-1, driving V-1, failed to stop and ID self, render aid to injured person(s), or otherwise comply with 20001(a) VC.
- DUI: P- displayed the objective symptoms of alcohol intoxication and was subsequently arrested for 23152(a) VC.

(See associated Arrest Report, Booking # _____).

Claims of Mechanical Failure (from any party): Yes / No (If Yes, explain in narrative)

FILING REQUEST: Request filing on P- for 12500(a) VC Other:

MARSY'S RIGHTS CARD: Provided to victim(s) of crime (mandatory)

CAUSE (Justification for PCF): _____

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
MIRICK, R #42442	08/19/2018	[Signature]	08-19-18

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER 1942	OFFICER I.D. NUMBER 42442	NUMBER 1810 14583
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STATEMENTS/ADDITIONAL:

Statements:

P-1 stated he was traveling E/B Vanowen approaching Louise with the intent to make a left hand turn on to Louise. P-1 began to initiate his left hand turn by entering the #1 lane and putting his turn signal on. P-1 stated he saw P-2 approaching the intersection traveling W/B Vanowen, P-1 stated the light had turned yellow at that point. P-1 stated he acknowledge P-2 approaching but assumed he was going to stop in wait of the red light at the intersection. P-1 began making the left turn onto Louise, at that point P-2 collided with the front end of P-1 causing him to make a full turn facing W/B Vanowen. P-1 then awaited on the arrival of FD/PPD.

P-1 complained of pain to his left shoulder area. He was treated at scene by engine 100 (Kim), refused to be transported by FD at scene.

P-2 stated that he was driving V-2 w/b Vanowen St at the intersection of Louise Ave. P-2 stated that he was in the number #1 lane and he had a green tri-light. P-2 observed V-1 conducted a n/b turn on Louise Ave from e/b Vanowen St. P-2 attempt to brake and swerve out of the way of V-1 and not collide head-on. V-1 then collided with V-2. P-2 then immediately pulled over to the e/b curb of Louise Ave.

P-3 stated that he driving V-3 and was traveling s/b Louise Ave, attempting to conduct a w/b turn onto Vanowen St. P-3 observed V-2 traveling w/b Vanowen St. through the intersection. P-3 then observed V-1 and V-2 collided. P-3 then observed V-1 turn and collide with V-3.

Party Identification:

Both P-2 and P-3 identified P-1 as the driver of V-1.

PREPARER'S NAME AND I.D. NUMBER MERTICK 42442	DATE 08-19-18	REVIEWER'S NAME [Signature]	DATE 08-19-18
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Use previous editions until depleted.

**MINUTES OF ACADEMIC COMMITTEE MEETING
AZMAN HASHIM INTERNATIONAL BUSINESS SCHOOL
NO. 5/2018**

Date : 16 October 2018
Time : 2.15 pm
Venue : Zamrud Room, Level 1, Block T08 UTMJB
(Through video conference from Kaizen Room, UTM KL)

PRESENT:-

- | | | | |
|-----|--|---|---|
| 1) | Prof. Dr. Numaha binti Abu Mansor | - | Dean |
| 2) | Prof. Dr. Khalil bin Md. Nor | - | Representative, Professor |
| 3) | Assoc. Prof. Dr. Ahmad bin Jusoh | - | Deputy Dean (Academic & Student Affairs) |
| 4) | Dr. Ungku Norulkamar binti Ungku Ahmad | - | Director Business Administration |
| 5) | Dr. Noriza binti Mohd. Jamal | - | Director of Accounting & Finance |
| 6) | Dr. Suraya binti Miskon | - | Director Information System |
| 7) | Dr. Siti Zaleha binti Omain | - | Program Coordinator SBSB |
| 8) | Dr. Halina binti Mohamed Dahlan | - | Head of Program (Master Information Technology) |
| 9) | Dr. Nor Zafrir binti Md. Salleh | - | Assistant Dean (Transnational Education) |
| 10) | Pn. Nor Qamariah binti Othman | - | Assistant Registrar |
| 11) | Assoc. Prof. Dr. Saudah binti Sofian | - | Representative, Accounting & Finance |
| 12) | Dr. Rahayu Tasnim | - | Program Coordinator (Johor Bahru) |

(Through video conference from Kaizen Room, UTM Kuala Lumpur)

- | | | | |
|-----|--|---|--|
| 13) | Prof. Dr. Asan Ali Golam Hassan | - | Professor |
| 14) | Assoc. Prof. Dr. Rohaida Basiruddin | - | Deputy Dean (Academic and Student Affairs) |
| 15) | Assoc. Prof. Dr. Siti Sophiyati Yuhani | - | Academic Manager (SPS UTMKL) |
| 16) | Dr. Nazimah Hussin | - | Director (Business Administration) |
| 17) | Assoc. Prof. Dr. Farzana Quoquab Habib | - | PhD & DBA Coordinator |
| 18) | Mrs. Norharyani Hamid | - | Assistant Registrar |

ABSENT WITH APOLOGIES:

- | | | | |
|----|---------------------------------------|---|---|
| 1) | Dr. Zuraidah binti Sulaiman | - | Program Coordinator SBSF |
| 2) | Dr. Dewi Farha binti Abdullah | - | Head of PhD Program |
| 3) | Assoc. Prof. Dr. Aslan bin Amat Senin | - | Program Coordinator (MHAM) |
| 4) | Dr. Aniza binti Othman | - | Program Coordinator SHAC |
| 5) | Tn. Hj. Md. Hafiz bin Selamat | - | Head of Program Master of Science (Information Technology Entrepreneurship) |

9.0	EXTENSION OF THESIS SUBMISSION	The committee agreed for student to extend his/her thesis submission for one year as follows:-	Deputy Dean (Academic) / Administrative Assistant (Viva)	
		9.1 Student's Name: Ramin Azadavar Program : Doctor of Philosophy Supervisor : Prof. Dr. Wan Khairuzzaman Wan Ismail		
		9.2 Student's Name: Zeinab Babo Program : Doctor of Philosophy Supervisor : Assoc. Prof. Dr. Rosmini Omar	Deputy Dean (Academic) / Administrative Assistant (Viva)	

Perakuan Pemeriksa Tesis
Certificate of Thesis Examiners

SEKOLAH PENGAJIAN SISWAZAH
SCHOOL OF GRADUATE STUDIES

BIL: 2/2017/2018 TARIKH: 24 OCTOBER 2017

Nama Pelajar Student Name	Pemeriksa Examiner		Perakuan Fakulti Faculty Certificate		Pengerusi Viva Viva Chairman
	Calon PD IE Candidates	Calon PL EE Candidates	PD IE	PL EE	
STUDENT NAME RAMIN AZADAVAR FACULTY SEKOLAH PERNIAGAAN ANTARABANGSA AZMAN HASHIM MATRIC NO. & IC NO. PR113005 / 201111M10009 SUPERVISOR NAME 1. PROF. DR. WAN KHAIRUZZAMAN BIN WAN ISMAIL (PENYELIA UTAMA) TITLE OF RESEARCH ÅÅ THE IMPACT OF TASK TECHNOLOGY FIT, QUALITY ASPECTS AND CUSTOMER RELATIONSHIP MANAGEMENT TECHNOLOGY ON MOBILE BANKING USAGE INTENTION AND SATISFACTION ÅÅ	PROF. MADYA DR. FAUZIAH BINTI SH. AHMAD (SEKOLAH PERNIAGAAN ANTARABANGSA AZMAN HASHIM) PROFESSOR DR. KHALIL BIN MD NOR (FAKULTI PENGURUSAN) DR. NUR NAHA BINTI ABU MANSOR (SEKOLAH PERNIAGAAN ANTARABANGSA AZMAN HASHIM)	PROF. DR. AHMAD BIN OTHMAN (UNIVERSITY COLLEGE OF TECHNOLOGY SARAWAK) PROF. DR. ABDUL JUMAAT BIN MAHAJAR (UNIVERSITI PENDIDIKAN SULTAN IDRIS.) PROF. MADYA DR. PROF. MADYA DR. MD. NOR HAYATI TAHIR (UNIVERSITI TEKNIKAL MALAYSIA MELAKA)	(RECOMMENDED I) DR. NUR NAHA BINTI ABU MANSOR (SEKOLAH PERNIAGAAN ANTARABANGSA AZMAN HASHIM) REMARKS : (SUBSTITUTE RECOMMENDED) PROFESSOR DR. KHALIL BIN MD NOR (FAKULTI PENGURUSAN) REMARKS :	(RECOMMENDED I) PROF. DR. AHMAD BIN OTHMAN (UNIVERSITY COLLEGE OF TECHNOLOGY SARAWAK) REMARKS : (SUBSTITUTE RECOMMENDED) PROF. DR. ABDUL JUMAAT BIN MAHAJAR (UNIVERSITI PENDIDIKAN SULTAN IDRIS.) REMARKS :	CHAIRMAN TAN SRI PROF. IR. DR. MOHD ZULKIFLI BIN MOHD GHAZALI SUBSTITUTE PROF. DR. ROSELINA BINTI AHMAD SAUFI CHAIRPERSON ASSISTANT DR. ZARINA BINTI SANAYAN @ ABDUL SALAM