



CALCULATOR APPROVAL FORM
(Not applicable for graphic/programmable calculator)
for Undergraduate Studies

Instruction to students: Please complete this form and submit it together with your calculator & its accompanying manual (English) to your school's General Office for approval. You will be informed of the outcome via email.

School Administrators:

Mr Tan Tiak Khim (CEE)

Ms Madona Fernandez (EEE)

Ms Venisa Lim (CCEB)

Ms Chai Hsien Chee, Noriki (CoE - Common Engineering)

Ms Thaiyanayagee d/o Venugopalan (MAE)

Dr Ratih Oktarini / Ms Katrina Chang Chia-Hsuan (MSE)

Mrs Lim-Tan Lay Choo (SCSE)

TO BE COMPLETED BY STUDENT																					
Name of Student : _____ Year of study: _____ Matric Number: _____ Contact No (H/P): _____ Email: _____ Calculator Model: _____	Please ✓ tick the school you are from: <input type="checkbox"/> CCEB <input type="checkbox"/> CEE <input type="checkbox"/> EEE <input type="checkbox"/> MAE <input type="checkbox"/> MSE <input type="checkbox"/> SCSE <input type="checkbox"/> Common Engrg																				
<table style="width:100%; border: none;"> <tr> <td style="width: 70%;">Please complete the calculator capability checklist</td> <td style="text-align: right;">Please ✓ tick as appropriate</td> </tr> <tr> <td style="border: none;">1. A graphic/programmable calculator</td> <td style="border: none; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">2. A wireless communication device, eg. Blue-tooth, WIFI</td> <td style="border: none; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">3. A scanning device, eg. possess camera function</td> <td style="border: none; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">4. Ability to perform symbolic calculation</td> <td style="border: none; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">5. Generation of audio from calculator</td> <td style="border: none; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">6. Spreadsheet manager function</td> <td style="border: none; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">7. Word processor functions or the ability to input alpha numeric details</td> <td style="border: none; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">8. Incorporated External Storage Capacity/External Memory Card</td> <td style="border: none; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td style="border: none;">9. Possess electronic references, organizer/personal planners/travel organizer/powerpoint capabilities</td> <td style="border: none; text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table> <p style="margin-top: 10px;">I declare that the information given above is true to the best of my knowledge.</p> <p>Signature: _____ Date: _____</p>		Please complete the calculator capability checklist	Please ✓ tick as appropriate	1. A graphic/programmable calculator	<input type="checkbox"/> YES <input type="checkbox"/> NO	2. A wireless communication device, eg. Blue-tooth, WIFI	<input type="checkbox"/> YES <input type="checkbox"/> NO	3. A scanning device, eg. possess camera function	<input type="checkbox"/> YES <input type="checkbox"/> NO	4. Ability to perform symbolic calculation	<input type="checkbox"/> YES <input type="checkbox"/> NO	5. Generation of audio from calculator	<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Spreadsheet manager function	<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Word processor functions or the ability to input alpha numeric details	<input type="checkbox"/> YES <input type="checkbox"/> NO	8. Incorporated External Storage Capacity/External Memory Card	<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Possess electronic references, organizer/personal planners/travel organizer/powerpoint capabilities	<input type="checkbox"/> YES <input type="checkbox"/> NO
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