



**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)

<b>TO BE COMPLETED BY STUDENT</b>																			
<p><b>Name of Student :</b> _____</p> <p><b>Year of study:</b> _____ <b>Matric Number:</b> _____</p> <p><b>Contact No (H/P):</b> _____ <b>Email:</b> _____</p> <p><b>Calculator Model:</b> _____</p>	<p align="center"><b>Please ✓ tick the school you are from:</b></p> <p><input type="checkbox"/> CCEB    <input type="checkbox"/> CEE</p> <p><input type="checkbox"/> EEE    <input type="checkbox"/> MAE</p> <p><input type="checkbox"/> MSE</p> <p><input type="checkbox"/> Common Engrg</p>																		
<p><b>Please complete the calculator capability checklist</b> <span style="float: right;"><b>Please ✓ tick as appropriate</b></span></p> <table border="0" style="width: 100%;"> <tbody> <tr> <td style="width: 70%;">1. A graphic/programmable calculator</td> <td style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td>2. A wireless communication device, eg. Blue-tooth, WIFI</td> <td style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td>3. A scanning device, eg. possess camera function</td> <td style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td>4. Ability to perform symbolic calculation</td> <td style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td>5. Generation of audio from calculator</td> <td style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td>6. Spreadsheet manager function</td> <td style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td>7. Word processor functions or the ability to input alpha numeric details</td> <td style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td>8. Incorporated External Storage Capacity/External Memory Card</td> <td style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> <tr> <td>9. Possess electronic references, organizer/personal planners/travel organizer/powerpoint capabilities</td> <td style="text-align: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</td> </tr> </tbody> </table> <p>I declare that the information given above is true to the best of my knowledge.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>		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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<b>FOR OFFICIAL USE ONLY</b>																			
<p><b>Please ✓ tick as appropriate</b>                      <input type="checkbox"/> <b>APPROVED</b>                      <input type="checkbox"/> <b>NOT APPROVED</b></p> <p><b>If not approved, please state reason:</b></p> <p>_____</p> <p align="center"><b>Signature and Name of approving officer</b>                      <b>Date</b></p>																			