INSTRUCTIONS:

i. Appeal to review answer scripts is restricted to Final Examination taken in the end of every semester only except for students who are on leave of absence.

ii. Period of appeal shall not be later than five (5) working days after the commencement of every normal semester and shall not be later than 3 working days for short semester.

iii. A fee of RM50.00 shall be imposed and paid upon submitting this appeal to the Academic Administration Office. This fee is refundable if the appeal is successful. As such, you are required to keep your receipt in order to refund your money.

SECTION A (PERSONAL INFORMATION - TO BE FILLED IN BY THE STUDENT)

NAME: __________________________________________________________________________________________________________

TELEPHONE NO.:__________________________   MATRIC NO. : _________________________

EMAIL : ________________________

MAJOR / PROGRAMME : ___________________________________________________________________________________________

SESSION                  : _________________            SEMESTER :_________________                    LEVEL OF STUDY :______

HAVE YOU APPEALED IN THE LAST TWO (2) CONSECUTIVE SEMESTERS? YES / NO

I WOULD LIKE TO APPEAL THE FOLLOWING:

<table>
<thead>
<tr>
<th>COURSE CODE</th>
<th>COURSE TITLE</th>
<th>SECTION</th>
<th>EXAMINER</th>
<th>GRADE OBTAINED</th>
</tr>
</thead>
</table>

I AM FULLY AWARE THAT THE RESULT OF RECHECKING CAN BE RETAINED, UPGRADED OR DOWNGRADED.

______________________________________
DATE: ______________________
(STUDENT’S SIGNATURE)

SECTION B (APPROVAL)
DEPUTY DEAN (ACADEMIC AFFAIRS)

APPROVED

NOT APPROVED

COMMENT / REMARK :
________________________________________________________
________________________________________________________
________________________________________________________

APPLICATION STATUS
SUCCESSFUL

UNSUCCESSFUL

VERIFIED BY : __________________________
(SIGNATURE & STAMP)

DATE : __________________________

SECTION C (STATUS - TO BE FILLED IN BY OFFICE)

APPLICATION STATUS
SUCCESSFUL

UNSUCCESSFUL

VERIFIED BY : __________________________
(SIGNATURE & STAMP)

DATE : __________________________