



APPLICATION TO RESIT AN EXAMINATION (FOR GRADUATING STUDENTS ONLY - WEEK 1) FEE OF RM100.00

SECTION A (STUDENT'S INFORMATION)

NAME : _____
 TELEPHONE NO. : _____ MATRIC NO. : _____ EMAIL : _____
 MAJOR / PROGRAMME : _____
 SEMESTER : _____ SESSION : _____ CGPA : _____

SECTION B (EXAMINATION'S INFORMATION)

NO	COURSE CODE	COURSE TITLE	SECTION	GRADE OBTAINED

SECTION C (DECLARATION BY THE STUDENT)

STUDENT'S SIGNATURE : _____ DATE : _____

SECTION D (APPROVAL BY THE DEAN)

APPROVED		SIGNATURE & STAMP : _____ DATE : _____
NOT APPROVED		
REMARKS: _____ _____		

SECTION E (VERIFICATION BY THE KCDI ACADEMIC OFFICE)

Please Verify:		SIGNATURE & STAMP : _____ DATE : _____
PAYMENT OF RM100.00 HAS BEEN MADE		
Receipt No.		