



APPLICATION TO REPEAT A PASSED COURSE
(WEEK 1)
FEE OF RM500.00

SECTION A (STUDENT'S INFORMATION)

NAME : _____
TELEPHONE NO. : _____ MATRIC NO. : _____ EMAIL : _____
MAJOR / PROGRAMME : _____
SEMESTER : _____ SESSION : _____ YEAR : _____
CREDIT EARNED : _____ CURRENT WORKLOAD (CREDIT HOURS) : _____ CGPA : _____

* Kindly attach your confirmation slip

SECTION B (COURSE'S INFORMATION)

NO	COURSE CODE	COURSE TITLE	SECTION	PREVIOUS GRADE

SECTION C (DECLARATION BY THE STUDENT)

STUDENT'S SIGNATURE : _____ DATE : _____

SECTION D (RECOMMENDATION BY THE COURSE INSTRUCTOR/HEAD OF DEPARTMENT/ACADEMIC ADVISOR)

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

SECTION E (APPROVAL BY THE DEAN)

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

SECTION F (VERIFICATION BY THE KCDI ACADEMIC OFFICE)

Please Verify:		SIGNATURE & STAMP : _____ DATE : _____
PAYMENT OF RM500.00 HAS BEEN MADE		
Receipt No.		