



APPEAL TO REVIEW ANSWER SCRIPT (WEEK 1) FEE OF RM50.00

SECTION A (STUDENT'S INFORMATION)

NAME : _____
TELEPHONE NO. : _____ MATRIC NO. : _____ EMAIL : _____
MAJOR / PROGRAMME : _____
SEMESTER : _____ SESSION : _____ LEVEL OF STUDY : _____

SECTION B (COURSE'S INFORMATION)

COURSE CODE	COURSE TITLE	SECTION	COURSE INSTRUCTOR	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 RM50.00 HAS BEEN MADE		
Receipt No.	_____	