

**OFFICE OF DEPUTY DEAN (ACADEMIC AFFAIRS)  
 KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES**

**SPECIAL NEED FOR EXAMINATION**

**INSTRUCTION**

**To Student**

1. This form is meant for student who wishes to appeal for special arrangement for the conduct of the final examination due to hardship physical experience or otherwise while sitting for an examination. *(SAPER 2015, Clause 73. (a) on page 27)*
2. Soon after the final examination schedule is announced, you have 24 hours to appeal to the Deputy Dean Academic Affairs of the Kulliyah for the special arrangement. *(SAPER 2015, Clause 74. 1(a) on page 28)*
3. You are required to fill in Section A, attach with the examination slip and a verification report from any of the followings:
  - i. The IIUM Health and Wellness Centre
  - ii. A physician recognized by the University
4. Please refer to a physician who is recognized by the University for completion of Section B.
5. **INCOMPLETE SUBMISSION WILL NOT BE ACCEPTED.**

**SECTION A: TO BE COMPLETED BY THE STUDENT**

PERSONAL DETAIL					
Matric No:			Name:		
Mobile Phone No:			Email Address:		
Special Need: (Please $\checkmark$ )					
<input type="checkbox"/> Extra time		<input type="checkbox"/> Bigger Font Size		<input type="checkbox"/> Exclusive Venue	
SCHEDULE OF EXAMINATION ( Please attach your examination slip )					
Course Code	Course Title	Schedule of examination			
		Date	Time	Venue	Seat No.

Student's signature: .....

Date : .....

**SECTION B: TO BE COMPLETED BY THE PHYSICIAN RECOGNIZED BY THE UNIVERSITY**

<b>VERIFICATION</b>		
Upon investigation, the student is eligible for the following: (please $\checkmark$ where relevant)		
Extra time of 30 minutes / 1 hour (please circle the recommended time)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bigger Font Size	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exclude from the main venue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Justification is as follows:  _____  _____		
_____ Signature and Stamp		_____ Date

**SECTION C: DDAA RECORD**

Processed by: _____ (Signature & Stamp) Date: _____
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