

APPEAL TO REVIEW ANSWER SCRIPTS

GUIDELINES

1. The period of appeal shall not be later than 1 (one) week after the commencement of every semester.
2. A processing fee of **RM 50.00** will be charged to students who apply for the Appeal to Review Answer Scripts.
3. Upon completion this form should be submitted to the Postgraduate Office of the Centre of Studies.
4. Have you appealed in the last 2 consecutive semesters? Yes / No
5. If yes, the grade was: Retained/Upgraded/Downgrade

SECTION A (STUDENT'S INFORMATION)

NAME:	KULLIYAH:
PROGRAMME:	MATRIC NO:
EMAIL ADDRESS:	PHONE NO:
CURRENT CGPA:	SEMESTER/YEAR:
SIGNATURE & STAMP: DATE:	

SECTION B (COURSE'S INFORMATION)

COURSE CODE	COURSE TITLE	SECTION	COURSE INSTRUCTOR	GRADE OBTAINED

SECTION D (APPROVAL BY THE DEAN OF CENTRE OF STUDIES)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">APPROVED</td> <td style="width: 30%;"></td> </tr> <tr> <td>NOT APPROVED</td> <td></td> </tr> </table> <p>REMARKS:</p> <p>_____</p> <p>_____</p>	APPROVED		NOT APPROVED		SIGNATURE AND OFFICIAL STAMP: DATE:
APPROVED					
NOT APPROVED					

SECTION E (VERIFICATION BY POSTGRADUATE OFFICE, COS)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">PAYMENT OF RM 50.00 HAS BEEN MADE</td> <td style="width: 30%;"></td> </tr> <tr> <td>RECEIPT NO./REFERENCE NO.</td> <td></td> </tr> </table> <p>REMARKS:</p> <p>_____</p>	PAYMENT OF RM 50.00 HAS BEEN MADE		RECEIPT NO./REFERENCE NO.		SIGNATURE AND OFFICIAL STAMP: DATE:
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