

## **APPLICATION FORM FOR APPEAL AGAINST COURSE RESULT**

## 1. INSTRUCTION FOR CANDIDATE

- 1.1 Article 2 to 4 in this form must be properly and completely filled in.
- 1.2 Payment must be made, which is RM50.00 for each examination paper reviewed at Bursary, UniMAP.
  - OR through Money Order/Postal Order in the name of BENDAHARI UNIMAP. Cheques will not accepted.
- 1.3 The application must be sent to the Assistant Registrar, Examinations Unit, Centre for Graduate Studies, Blok A, Tmn Pertiwi Indah, Seriab, 01000 Kangar, Perlis.

2.	DETAILS OF CANDIDATE										
	2.1 Full N		ame	:							
	2.2	IC / Pa	assport No.				: <u></u>				
	2.3	3 Address		:							
	2.4	Progra	ımme & Year (	of Study:							
	2.5 Handphone Number :										
	2.6	2.6 Course (s) to be reviewed :									
		No.		Cour	se Code & Title		Grade	Semester			
3.	PA	MENT	<u> </u>								
	3.1	Amou	nt of Payme	nt RM							
		(Please	enclose a copy	of payment recei	pt together with this fo	orm).					
	3.2	-			ner:	•					
		•	,								
4.	SIG	NATU	RE :			DATE :		=			
(To be completed by School's)											
				ent above is as		Original	Crada Obtaina	d Now			
Subject Code		2	Successful / (	Jnsuccessiui	Grade Obtained - 0	Original	Grade Obtained - New				
Signatu	ıre 8	ı Stamı	p of Dean:								
Date:											
Receive	ed by	y CGS S	Staff:			Date:					

I agree w	ith any change scores	(remain/lower/higher) to	be decided after a review carried out.		
I will take	my own self the appea	ıl result at Examination Uni	t, Centre for Graduate Studies. I		
attach her	rewith the payment red	ceipt RM	for this purpose.		
(Student's	s Signature)		Date :		
(For Exan	nination Unit used)				
The result	ts on the student's ap	peal are as follows:			
		Scores / Gred			
	Course Code	Before Appeal	After Appeal		
(Examine	r's Signature)		(Dean's Signature)		
-			Name:		
Date : _			Date:		
Official St	amp:		Official Stamp:		