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 Name : _______________________________________
   2.2 IC / Passport No. : ___________________ Candidate’s No : __________
   2.3 Address : _______________________________________
   2.4 Programme & Year of Study : _______________________
   2.5 Handphone Number : _____________________________
   2.6 Course (s) to be reviewed :

<table>
<thead>
<tr>
<th>No.</th>
<th>Course Code &amp; Title</th>
<th>Grade</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
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</table>

3. PAYMENT
   3.1 Amount of Payment RM__________
      (Please enclose a copy of payment receipt together with this form).
   3.2 Money Order/Postal Order Number : _______________________

4. SIGNATURE : _________________________ DATE : ______________

(To be completed by School’s)

The appeal result for the student above is as follows:

<table>
<thead>
<tr>
<th>Subject Code</th>
<th>Successful / Unsuccessful</th>
<th>Grade Obtained - Original</th>
<th>Grade Obtained - New</th>
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</thead>
<tbody>
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</tbody>
</table>

Signature & Stamp of Dean:

Date: _________________________

Received by CGS Staff : ______________ Date: _________________________
I agree with any change scores (remain/lower/higher) to be decided after a review carried out.

I will take my own self the appeal result at Examination Unit, Centre for Graduate Studies.

I attach herewith the payment receipt RM________ for this purpose.

(Student’s Signature)  Date: ______________________

(For Examination Unit used)

The results on the student’s appeal are as follows:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Scores / Grade</th>
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</thead>
<tbody>
<tr>
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<td>Before Appeal</td>
</tr>
</tbody>
</table>

(Examiner’s Signature)  (Dean’s Signature)

Name: _________________________  Name: ______________________

Date: _________________________  Date: ______________________

Official Stamp:               Official Stamp: