unisel
UNIVERSITI SELANGOR

APPEAL FORM FOR LATE REGISTRATION

APPLICATION PARTICULARS

Name :

Student ID :

Telephone No. :

Faculty : _____

Programme : _____

Semester to Appeal : _____

Reason to Appeal : _____

COURSE REGISTRATION

No.	COURSE CODE	COURSE NAME	CLASS GROUP / LECTURER
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL CREDIT TAKEN			

Signature:

_____ Date: _____

APPROVAL

FACULTY (HEAD OF PROGRAMME)	*REGISTRAR
Signature & Verification Date:	Signature & Verification Date:

VERIFICATION

FINANCE OFFICE	FACULTY/ *EXAMINATION UNIT	RECORDS & CONVOCATION UNIT
Signature & Verification Date:	Signature & Verification Date:	Signature & Verification Date:

* Applicable after Lecture Week 1

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