



APPEAL TO CONTINUE STUDY

APPLICANT PARTICULARS

Name

Student ID

Telephone No.

Programme : _____

Intake Session : _____ Appeal Session : _____

Grade Point Average (GPA) : _____ Cumulative Grade Point Average (CGPA) : _____

Reason for Appeal : _____

Signature : _____ Date: _____

APPROVAL TO CONTINUE STUDY

Approval:

Student Continuing Studies Appeal Meeting		No...../.....
Senate Meeting		No...../.....
Academic Affairs Division Meeting		No...../.....

ASSISTANT REGISTRAR	HEAD OF PROGRAMME	DEAN
Name: Date: Signature & Official Stamp:	Name: Date: Signature & Official Stamp:	Name: Date: Signature & Official Stamp:
STUDENT FINANCIAL UNIT	RECORDS & CONVOCATION UNIT	FACULTY
Name: Date: Signature & Official Stamp:	Name: Date: Signature & Official Stamp:	Name: Date: Signature & Official Stamp:

UNIVERSITI SELANGOR
 Kampus Shah Alam
 Jalan Zirkon A/7A, 40000 Shah Alam
 Selangor Darul Ehsan, Malaysia
 Telefon: 03-5522 3451
 Email: bhea@unisel.edu.my