

## APPEAL FORM FOR LATE REGISTRATION

### APPLICANT 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			
<b>TOTAL CREDIT TAKEN</b>			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RECOMMENDED/NOT RECOMMENDED (1) FACULTY (COORDINATOR)	APPROVED/NOT APPROVED (2) HEAD OF DEPARTMENT/DEPUTY DEAN (ACADEMIC)
Signature & Verification  Date:	Signature & Verification  Date:

VERIFICATION		
(3) STUDENT FINANCE UNIT	FACULTY/EXAMINATION & (4) COURSE EVALUATION UNIT *	(5) RECORDS & CONVOCATION UNIT
Signature & Verification  Date:	Signature & Verification  Date:	Signature & Verification  Date:

(Note: You are required to get approval according to the order of numbers)

\* Applicable after Lecture Week 1

**UNIVERSITI SELANGOR**  
 Bestari Jaya Campus  
 Jalan Timur Tambahan, 45600 Bestari Jaya  
 Selangor Darul Ehsan, Malaysia

**Telephone** +603-32805020/+603-32806080  
**Email:** unit\_rekod@unisel.edu.my

**UNIVERSITI SELANGOR**  
 Shah Alam Campus  
 Jalan Zirkon A/7A, 40000 Shah Alam  
 Selangor Darul Ehsan, Malaysia

**Telephone** +603-55223481  
**Email:** urksa@unisel.edu.my