

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			
TOTAL CREDIT TAKEN			

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/+603-32805049
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/+603-55223461
Email: urksa@unisel.edu.my