

# SPECIAL EXAMINATION REQUEST

Name : \_\_\_\_\_

Matric No. : \_\_\_\_\_ Academic Session : \_\_\_\_\_

Mobile Phone No. : \_\_\_\_\_

Faculty : \_\_\_\_\_

Programme : \_\_\_\_\_

Reason of Absences : \_\_\_\_\_

\* RM 50 (per course application) will be charged and billed to the student's account.

## SPECIAL EXAMINATION COURSE INFORMATION

NO.	CODE AND COURSE NAME	LECTURER	DATE OF EXAMINATION	TIME OF EXAMINATION	JUSTIFICATION
					SPECIFY AND ATTACH RELATED DOCUMENTS (SUCH AS MEDICAL CERTIFICATE, DEATH CERTIFICATE AND ETC)
1					
2					
3					
4					
5					
6					

### Student's Verification

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

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

### Faculty Assistant Registrar Acceptance Form Verification

Name and Signature: \_\_\_\_\_

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

## FACULTY ACADEMIC BOARD'S APPROVAL

No.	CODE AND COURSE NAME	LECTURER	APPROVAL		DATE OF FACULTY ACADEMIC BOARD MEETING
			APPROVE	DISAPPROVE	
1					
2					
3					
4					
5					
6					

### Faculty Academic Board Meeting Verification

Name and Signature: \_\_\_\_\_

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