



SPECIAL EXAMINATION REQUEST

Name : _____

Matric Number : _____ 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 : _____