

SPECIAL EXAMINATION REQUEST

Name : _____

Student ID No. : _____ Academic Session : _____

Mobile Phone No. : _____ EMAIL Address: _____

Faculty : _____

Programme : _____

Reason of Absence : _____

* 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, POLICE REPORT) *FORGED DOCUMENT WILL BE BROUGHT TO THE DISCIPLINARY BOARD.
1					
2					
3					
4					
5					
6					

I hereby VERIFY that the information given is TRUE and accurate. I am fully responsible if the given information above is FALSE.
 I am fully responsible if the given information/supporting document given is forged/false and will be dealt by the Disciplinary Board.

Student's Verification

Signature: _____

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					

DEAN/DEPUTY ACADEMIC DEAN APPROVAL		FACULTY USE	
Signature and Verification		FACULTY INFORMED STUDENT APPLICATION STATUS THROUGH : EMEL <input type="checkbox"/> PHONE <input type="checkbox"/>	
		NAME OF STAFF INCHARGED FOR INFORMING THE STUDENT :	
		DATE AND TIME INFORMED THE STUDENT :	
		NOTES :	
		NOTES :	
Date :		NOTES :	