



**APPEAL ON GRADE  
RE-ASSESSMENT OF FINAL EXAMINATION MARKS OR COURSEWORK**

**Important Note. Item 19.0 Academic Appeals University Rules and Regulations.**

- 1.0 Appeals are allowed for the re-assessment of the final examination or final portion of coursework (which results have not been released to students prior to the final/end of semester examinations.)
- 2.0 The student's answer scripts or coursework will be **re-assessed/re-marked** again.
- 3.0 A payment of RM100.00 is required for the re-assessment per course (subject).
- 4.0 The payment is **refundable** if the **revised grade** is **higher** from the grade obtained earlier.
- 5.0 However, if the revised grade is **lower or unchanged**, the processing fee will **not be refunded**.

Student's Name : \_\_\_\_\_

IC No. : \_\_\_\_\_ ID No. : \_\_\_\_\_

Programme : \_\_\_\_\_ Exam Semester: \_\_\_\_\_

Institute : \_\_\_\_\_ H/Phone No. : \_\_\_\_\_

**Details of Appeal** *(Kindly use separate form for each course (subject) and attached the receipt as proof of payment)*

COURSE CODE	COURSE TITLE	GRADE	REASON FOR APPEAL

**Note: I hereby enclosed a processing fee of RM100.00 for the above appeal and I understand that the fee is refundable if the appeal is successful. However, if the revised grade is lower or unchanged, the processing fee will not be refunded.**

Student's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**FOR FINANCE**

Signature & Official Stamp : \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

# (PRIVATE & CONFIDENTIAL)

## APPEAL ON GRADE

### RE-ASSESSMENT OF FINAL EXAMINATION MARKS OR COURSEWORK

#### FOR INSTITUTE

HEAD OF SECTION / PC	ACADEMIC SERVICES SECTION
<p>Current Mark : _____</p> <p>Mark After Re Assessment : _____</p> <p><b>Refer to Attachments to view Feedbacks from Marker for details</b></p> <p>.....</p> <p>Signature Name: _____ Date: _____</p> <p>Designation: _____</p>	<p><input type="checkbox"/> No grade change</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Grade changed from: _____ to _____</p> <p>.....</p> <p>Signature Name: _____ Date: _____</p> <p>Designation: _____</p>

RECOMMENDATION FROM IAC/SUB IAC		AcSS' CHECKLIST	
Recommended/ Approved	Not Recommended/ Not Approved	IAC/Sub IAC No.	
Remarks (if any)     ..... Signature (Chair of the IAC/Sub IAC)  Date:	Remarks (if any)     ..... Signature Chair of the IAC/Sub IAC  Date : _____	Date IAC/Sub IAC :	

DEAN'S RECOMMENDATION		AcSS' CHECKLIST	
Recommended/ Approved	Not Recommended/ Not Approved	UAC No. & Date :	
..... Signature	Date : _____	Senate No. & Date :	
		Reprint Result Slip (Date) :	
		Issue Letter/Email to Student (Date) :	