

FORM A (1)



UNIVERSITI KUALA LUMPUR
APPEAL TO CONTINUE STUDIES
APPLICATION

Action by Student : 1) Student should complete Part A & B of this form, and attach the Appeal Letter.
2) Send the completed form to Academic Services Section

A) STUDENT PARTICULAR

Name :
ID Number : IC Number/ Passport :
Programme :
H/Phone Number : Email Address :

B) INFORMATION ON TERMINATION/ WITHDRAWN

i) Reason for discontinuing study (✓):

<input type="checkbox"/>	Terminated (F&O)	<input type="checkbox"/>	Terminated (Unregistered)	<input type="checkbox"/>	Withdrawn from study
<input type="checkbox"/>	Other Reason (State)				

ii) Semester Terminated/ Withdrawn (Circle)

Semester : JAN / JUL / SEPT Year or Date Withdrawn

iii) Attachment (✓) : Appeal Letter Date :

TO BE COMPLETED BY ACADEMIC SERVICES SECTION

C) ACADEMIC PERFORMANCES AND PLAN

i) **SUMMARY PERFORMANCE**

TCG	CCG	CT	TOTAL (CCG+CT)	Credit Left (TCG – TOTAL)	No. Of Courses Left

ii) **DETAIL PERFORMANCE AND PLAN** (Attach Simulation showing the courses and expected results)

SEM	SESSION	GPA/ CGPA	STANDING/ STATUS	SEM	SESSION	GPA/ CGPA	STANDING/ STATUS	REMARK
1				8				
2				9				
3				10				
4				11				
5				12				
6				13				
7								

Note: (Sim) – Simulation for Appeal Semester

iii) **ATTENDANCE PERFORMANCE DURING SEMESTER BEFORE TERMINATION/ WITHDRAWN**

Meets minimum contact hours allocated Please (✓)
OR

Failed to attend 80% of contact hours allocated for the following course(s):

Course(s)	%
1.	
2.	
3.	

FORM A (2)

PRIVATE & CONFIDENTIAL
FOR INTERNAL USED ONLY – NOT TO BE GIVEN TO STUDENTS (OPTIONAL)



APPEAL TO CONTINUE STUDIES RECOMMENDATION

STUDENT NAME :

ID NUMBER : PROGRAMME

FEEDBACK FROM ACADEMIC ADVISOR

Signature :

Name:
Date :

RECOMMENDATION FROM LECTURERS

1) **Course Code & Title :**

Should the student above be allowed to continue? Yes No Please (✓)

Reason :

.....
.....
.....

Name : Signature

Designation : Date :

2) **Course Code & Title :**

Should the student above be allowed to continue? Yes No Please (✓)

Reason :

.....
.....
.....

Name : Signature

Designation : Date :

3) **Course Code & Title :**

Should the student above be allowed to continue? Yes No Please (✓)


Reason :

.....
.....
.....

Name : Signature

Designation : Date :

FORM B

 <p>UNIVERSITI KUALA LUMPUR APPEAL TO CONTINUE STUDIES DECISION RECORD</p>	Appeal Category : (√)	
		i) Termination (F&O)
		ii) Termination (Unregistered)
		iii) Withdrawn from Study
		iv) Others

All Items must be completed MUST be completed by Secretariat

a) Student ID and Name	
b) Programme (in Full)	
c) Reason to appeal (s): <i>Refer Appeal Letter</i>	

d) Outstanding fees: (Finance Dept.)	
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e) Institute Academic Committee meeting Chairman : Dean / Deputy Dean only	Committee	Name	Signature
	Chairman (Dean)		
	Deputy Dean (A&T)		
	Head of Section		
	Invited Member & Designation		
	Secretariat (AcSS)		

Date:

f) Decision of the Institute Academic Committee (Chairman) #Approval level: i) F&O – Dean ii-iv) other than F&O – Recommended by Dean Approved & Endorsed by UAC/ Senate	Instruction: Tick √ the decision# Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
	Reason for the Decision <div style="border: 1px solid green; border-radius: 15px; height: 80px; margin-top: 5px;"></div>
	Note on the decision: If approve: Continue at semester (e.g Jan sem 2020) : Additional Remark (If any) Signature: (Chairman) Date:

Prepared by: Name Designation: Date	To be completed by secretariat (AcSS)	
	Checklist	Date / Remark
	Receipt of Application	
	IAC Meeting	
	UAC/ Senate Meeting (if applicable)	
	If approve, continue at semester (e.g Jan sem 2020)	
Communication to Student	Call : Official Letter :	