

*For	Office Use Application
Offic	er Name :

SPECIAL EXAMINATION APPLICATION FORM

IMPORTANT GUIDELINES

- Completed application and supporting document must be submitted to Examination and Graduation Unit, or Academic Administraton Department for approval.
- The application must reach Examination and Graduation Unit within stipulated deadline given by University. Application received after the deadline will not be entertained.
- Student is requested to view General Announcement for final list of student who has been approved for the special examination.
- · Payment will not be covered by the sponsors.

INSTRUCTIONS

- 1. Application must be made within ONE (1) week after last date of the examination.
- 2. Please fill up this form completely.

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SECT	ION I (To be com	pleted	by s	tudent	i)												
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NAME																	
(Capital Letter)																	
MATRIC NO									<u> </u>					1			
MATRIC NO														J			
PROC	GRAMME																-
EMAIL CONTACT NO									_								
Are vo	ou currently holding	anv s	schola	rship?													
, , .	Are you currently holding any scholarship? YES If YES, please state name of the organization awarding the scholarship.																
												_					
	NO																
	2. TYPE OF APPLICATION (<i>Please</i> $\sqrt{\ }$ <i>in the appropriate box</i>)																
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	Applicable only to S		_	-			d onwai	rds. Sp	ecial F	xamina	tion fee	wil be	charge	d to sti	ıdent.		
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	Supplementary Examination Applicable only to September 2012 intake students and onwards. The examination fee wil be charged to student																
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	orting document to be the courses you wish						ina me	ulcai re	роп.								
							ECIAL	EXA	MINAT	ION A	PPLIC	CATIO	N				
NO	COURSE CODE	3. DETAILS OF SPECIAL EXAMINATION APPLICATION COURSE TITLE															

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SECTION	II (To Be Completed By	Studen	t Accounts and Prod	curement Department)
	Fees paid	:	Invoice No :		
			Receipt No:	_	
	Outstanding Fees	:	RM :		
					/
	Signature & Stamp			Name	Date
Please tio	III (to be completed ck (√): □ Approved	T Dy AC	□ Not Approved	ration Department	.)
Rem	narks :				
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	Signature & Stamp				Date
* Copy of	the form to be submitt	ed to S	chool/Centre.		