

REVERSAL STATUS APPLICATION FORM

INSTRUCTIONS

1. Student is required to read **IMPORTANT GUIDELINES** carefully.
2. Please fill up the form completely.

SECTION I (To be completed by student)

1. STUDENT'S PARTICULAR

NAME (Capital Letter)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
MATRIC NO	<table border="1" style="width: 80%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
EMAIL	_____	CONTACT NO.	_____																		
MAILING ADDRESS	_____ _____ _____																				

2. Reason for NOT APPLYING for DEFERMENT

Please tick (√) :

- Unfamiliar with / Unaware of Academic Regulations _____
- Others (please state) _____

Period of Missing Status* :

- 1 semester _____ (e.g. Feb 2016)
- 2 consecutive semesters _____ (e.g. June 2016 and September 2016)
- More than 2 consecutive semesters _____ (e.g. Feb 2016, June 2016 and September 2016)

(PLEASE NOTIFY YOUR SCHOLARSHIP BODIES)

I wish to continue my studies at the University and to re-instate my Academic Status from MISSING to INACTIVE.

***NOTE:** Once course(s) has been registered, **INACTIVE** status will automatically change to **ACTIVE** status.
Students who are in **missing status more than 3 consecutive semester must attach an appeal letter** to the Dean, informing **reasons of the missing and approval letter from scholarship bodies (If applicable).**

Student's Signature

_____/_____/_____
Date

SECTION II (To be completed by Dean)

Please tick (√) :

- Within ADD/DROP period YES NO
- Dean/ Director's Approval : APPROVED NOT APPROVED

Justifications : _____

Signature & Stamp _____ Date ____/____/____

SECTION III (To be completed by Student Accounts and Procurement Department)

Please tick (√) :

Received application **within two (2) weeks** from the commencement of the semester

Credit Transfer/Exemption : RM _____
Outstanding Fees : RM _____

Invoice No : _____
Receipt No : _____

Signature & Stamp _____
Name _____

Date ____ / ____ / ____

SECTION IV (To be completed by Academic Administration Department)

Semester : February _____ May/June _____ September _____ Others _____ (e.g: June 2016)

To check in System Date: ____ / ____ / ____
Updated YES / NO
Completed YES / NO

Signature & Stamp _____

Date ____ / ____ / ____

IMPORTANT : PLEASE READ

- This form **MUST** be submitted to Student Accounts and Procurement Department for payment before submitting it to Academic Administration Department for processing.
- Incomplete form will not be processed.
- The application must reach Academic Administration Department within **Add & Drop period**.