

EXAMINATION AND GRADUATION DIVISION ACADEMIC ADMINISTRATION AND SERVICES DEPARTMENT UNIVERSITI MALAYA, 50603 KUALA LUMPUR Email: bpp_aasd@um.edu.my

APPEAL FOR REVIEW OF OFFICIAL EXAMINATION RESULTS

Academic Se	ssion	*S	Semester:	1 2	3 *ple	ease tick ($\sqrt{\ }$) at the appropriate box
	esults and the	original receip	ot of payment (Centre together with a copy of within seven (7) days from the
Name:						
Registration N	lo:		Identity card/	Passport N	lo:	
Academy/Faculty/Institute/Centre:						
Mobile No:	Email	:	Alternate email:			
Details of course to be reviewed						
Course Title			Course Code	se Code Reason(s)		
1.						
2.						
3.						
4.						
Signature of Applicant					Date	
Section B						
(to be completed by the respective Academy/Faculty/Institute/Centre)						
(to be completed by the respective Academy/r acatey/mountainer						
Payment RM Rec No.			ceipt	Date		
Please attach proof of payment						
Section C [To be completed by the respective Dean/Director of Academy/Faculty/Institute/Centre within seven (7) days from the official date of announcement of the examination results]						
Appeal rejected and marks/grade remain unchanged.				Amendment to marks/grade as follows:		
Course code	Present Marks/grad	Revie e Marks/g		F	Reason for	amendment(s)
Signature of Dean/Director Official Stamp					Date	
					1	