|  |  |  |  |
| --- | --- | --- | --- |
| Part A: Student Particulars (To be filled by Student) | | | |
| Name : | ……………………………………………………………………………………… | | |
| Student ID : | ……………………………….. | Current Semester : | ……………………... |
| School / Program : | ……………………………….. | Current GPA : | ……………………... |
| Contact No. : | ……………………………….. | Current CGPA : | ……………………... |
| Current Academic Status : | Good Standing | PB1  PB2 | F.O |

|  |  |  |  |
| --- | --- | --- | --- |
| Part B: Courses to be Registered by Student in the current Semester (To be filled by Student) | | | |
| No. | Course Code | Course Name | Credit Hours |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total Credit Hours |  |

|  |  |  |
| --- | --- | --- |
| Part C: Additional Information (To be filled by Student) | | |
| No. | Additional Information | Tick if applicable |
| 1. | Student is Not under probation / GPA ≥ 2.00 |  |
| 2. | Student is in Final Year |  |
| 3. | For Outbound Student Exchange Credit Transfer |  |
| 4. | Repeat a course to improve grade |  |
| 5. | To register a course that can be used to exempt a Professional Certification Paper |  |
| 6. | Other Information / Rationale: |  |

|  |  |  |
| --- | --- | --- |
| Part D: Document(s) Attachment | | |
| Appeal Letter | Registered Course List | Current Result Slip |

I hereby declare that all the information/documents provided to support this appeal are authentic, true and accurate. I fully understand that the University of Technology Sarawak reserves the right to reject my appeal if proven otherwise.

|  |  |
| --- | --- |
| Signature: | Date: |

For Office Use Only

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| **Part E: Recommendation / Approval by School** |  | |
| **Recommendation By Academic Advisor:** |  | |
| Recommended  Not Recommended  Comment(s): | Signature:  Official Stamp:  Name:  Date: | |
| **Recommendation By HoP:** |  | |
| Recommended  Not Recommended  Comment(s): | Signature:  Official Stamp:  Name:  Date: | |
| **DEAN’S APPROVAL** |  |  |
| Approved  Not Approved  Comment(s): | Signature:  Official Stamp:  Name:  Date: | |