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| **University of Technology Sarawak** | | |
| **Appeal To Continue Study** *(Lecturer Recommendation Form)* | | |
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| Student ID | : |  |
| Programme | : |  |
| Semester | : |  |
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| **RECOMMENDATIONS** |
| **Name of Lecturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Recommendation:**  **Signature:…………………………………………….. Date:……………………………………** |
| **Name of Lecturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Recommendation:**  **Signature:…………………………………………….. Date:……………………………………** |
| **Name of Lecturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Recommendation:**  **Signature:…………………………………………….. Date:……………………………………** |

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| **University of Technology Sarawak** | | | | | | | | | | | | | | | |
| **APPEAL TO CONTINUE STUDY** | | | | | | | | | | | | | | | |
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| **ACADEMIC PERFORMANCE** | | | | | | | | | | | | | | | |
| Semester | | | Session | | | | | | | GPA | | | CGPA | | Status |
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| Attachments:- *[Please tick (√)]* | | | | |  | | | | | | | | | | |
| Student’s result slips | | | | |  | |  | Appeal letter | | | | | | | |
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| **ATTENDANCE** | | | | | | | | | | | | | | | |
| Meets minimum contact hours allocated | | | | | | | | | *Please tick (√)* | | |  | Head of Programme | | |
|  |  | | | | | | | |  | |  |  |  | | |
| Failed to attend min 80% of contact hours for following subjects; | | | | | | | | | | | |  | Verified by: | | |
| 1. |  | | | | | | | |  | |  |  | Signature: | | |
| 2. |  | | | | | | | |  | |  |  | Name: | | |
| 3. |  | | | | | | | |  | |  |  | Designation: | | |
| 4. |  | | | | | | | |  | |  |  | Date: | | |
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| **ATTITUDE** | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | Academic Advisor:  Signature:  Name:  Date: | | |
| **DEAN’S APPROVAL** | | | | | | | | | | | | |  | | |
| Approved/Disapproved  Signature:  Date | | | | | | | | | | | | | Official Stamp: | | |
| **APPEAL TO VC** | | | | | | | | | | | | |  |  | |
| Approved / Not Approved  Comment:- | | | | | | | | | | | | | Official Stamp: | | |
| Signature:  Date: | | | | | | | | | | | | |  | | |
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