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| **University of Technology Sarawak** |
| **Appeal To Continue Study** *(Lecturer Recommendation Form)* |
|  |
| Name of Student | : |  |
| 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** |
|  |
| Name of Student | : |  |
| Student Identification | : |  |
| Programme | : |  |
| Semester | : |  |
|  |  |  |
| **ACADEMIC PERFORMANCE** |
| Semester | Session | GPA | CGPA | Status |
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| Attachments:- *[Please tick (√)]* |  |
| Student’s result slips |  |  | Appeal letter |
|  |  |  |  |
| **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: |
|  |  |  |  |  |  |
| **ATTITUDE** |  |
|  | Academic Advisor:Signature:Name:Date: |
| **DEAN’S APPROVAL** |  |
| Approved/DisapprovedSignature:Date | Official Stamp: |
| **APPEAL TO VC** |  |  |
| Approved / Not ApprovedComment:- | Official Stamp: |
| Signature:Date: |  |
|  |  |  |