**University of Technology Sarawak**

**APPEAL ON EXAMINATION GRADE**

*This appeal is only applicable for recalculation of the* ***final examination marks****. The answer scripts* ***WILL NOT*** *be re-checked. A payment of RM50.00/course is required and the payment is not refundable. This appeal must be submitted within* ***twenty-one (21) working days*** *after the official announcement of the provisional results.*

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IC No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intake Semester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exam Semester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Appeal**

*(Kindly use* ***separate form for each course****)*

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| --- | --- | --- |
| **COURSE CODE** | **COURSE NAME** | **REASON FOR APPEAL** |
|  |  |  |

***Note*** *: I hereby enclose a processing fee of* ***RM50.00/course*** *and understand that the fee is not refundable*.

Student’s Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR BURSARY OFFICE**

Name & Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt No : \_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_

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| --- | --- |
| **FOR SCHOOL USE** | **ACADEMIC AFFAIRS & REGISTRY USE ONLY** |
| [ ] Final examination total marks (%) changed from \_\_\_\_\_\_ to \_\_\_\_\_\_[ ] No grade change[ ] Approved [ ] Not Approved*\*School should present and elaborate to SBX, UBE and Senate if there is any marks changed.*……………………………...Dean’s Signature & Stamp Date: | Certified by ,………………………………..Officer’s Signature & Stamp Date: |