



APPEAL FOR REVIEW OF EXAMINATION RESULTS

To : **EXAM UNIT**

(This section is to be completed by student)

Name of student	:		
ID Number	:	Contact No :	
Programme/Sem	:		

I would like to request for the examination results of the following paper (s) to be reviewed :

No	Subject Code	Subject Title	Lecturer's Name
1.			
2.			
3.			
4.			

An appeal fee of RM_____ has been paid to the **PAYMENT COUNTER** at **RM80.00 per subject**. I understand that the fees is non-refundable.

Thank you.

Name : Signature : Date : _____

FINANCE DEPARTMENT –

RM80/- per paper X _____ subject(s) = RM_____ Date : _____

Receipt No. : _____ Prepared by : _____

*** PLEASE RETURN THIS FORM TO OAR AFTER PAYMENT.**

CLOSING DATE : 4 SEPTEMBER 2025