

STUDENT APPEAL - OUTSTANDING FEES

Student Name: _____

Student ID Number: _____

Student H/phone Number: _____

Student email address: _____

Total Outstanding *(please indicate total cumulative outstanding upto which semester)*

RM _____ up to semester _____

Reason for Appeal *(please tick one below)*

Enrollment Blocked	()	Clearance for Visa Renewal	()
Exam Docket Hold	()	Deferment of School Fees Settlement	()

Justification *(please indicate why the NU management should consider your appeal / request)*

Proposed Settlement of Total Outstanding *(please include PTPTN disbursement date and amount as well, if any)*

	<u>Date</u>	<u>Amount</u>	<u>Remark</u> <i>(state if funds from PTPTN, EPF, Own, etc.)</i>
Amount to be Paid by			
Amount to be Paid by			
Amount to be Paid by			
Amount to be Paid by			
Amount to be Paid by			
Amount to be Paid by			
Amount to be Paid by			

TOTAL

Proposed by:

Signature: _____

Name : _____

Date : _____

NU Decision: