



PERMOHONAN RAYUAN MENDUDUKI PEPERIKSAAN GANTIAN
APPLICATION FORM FOR REPLACEMENT EXAMINATION (MAKE-UP EXAM)

MAKLUMAT MENGENAI PEMOHON/ INFORMATION ON THE APPLICANT

No. Pelajar / *Student No* : _____

Nama Pelajar / *Student's Name* : _____

Telefon Bimbit / *Handphone No.:* _____

Fakulti / *Faculty* : _____

Program Pengajian / *Course* : _____

BUTIRAN PERMOHONAN / INFORMATION ON THE APPLICATION

Rayuan Menduduki Peperiksaan Gantian bagi Peperiksaan Semester : _____ Sesi: _____ atas sebab:
Appeal for a Replacement Examination Session Semester: Session: because of

- Sakit (Sila sertakan sijil akuan sakit dari doktor berkenaan.) atau
Illness (Please attach your medical certificate from the doctor concerned.) or
- Kematian (sila sertakan sijil kematian)
Death (Please attach a death certificate.)

Saya memohon untuk menduduki Peperiksaan Gantian bagi kursus tersebut dibawah:
I hereby apply to sit for a replacement examination (make-up examination) for the the following course(s):

Bil. No	Kod Kursus / Course Code	(Nama Kursus) / Course Title (Name of the Course)	Tarikh & Masa Jadual Peperiksaan Asal / Date and Time of the Original Examination

Tandatangan Pelajar / Student's Signature:

Tarikh / **Date:** _____



UMS
UNIVERSITI MALAYSIA SABAH

UNIVERSITI MALAYSIA SABAH
BAHAGIAN PERKHIDMATAN AKADEMIK
JALAN UMS, 88400 KOTA KINABALU SABAH
Telefon : (+6088) 320000 samb 691379/691250/692112
Faks : (+6088) 320090

UMS/BPA/03-13

PERMOHONAN RAYUAN MENDUDUKI PEPERIKSAAN GANTIAN
APPLICATION FOR A REPLACEMENT EXAMINATION (MAKE-UP EXAMINATION)

Untuk Kegunaan Fakulti/Pusat/Institut

For Official Use (To be Completed by the Faculty/Centre)

Tarikh / *Date*: _____

* Sila tandakan pada ruang berkaitan
Please mark the part which is related

Saya mengesahkan bahawa pelajar bernama: _____ telah
I hereby confirm that a student named _____ has

- memaklumkan**
informed
- tidak Memaklumkan**
not informed

* saya mengenai permohonan menduduki Peperiksaan Gantian atas sebab yang dinyatakan di atas.
me about his/her application to take the Replacement Examination for reason(s) stated above.

Saya **bersetuju** **tidak bersetuju**
I agree disagree

* memberi kelulusan kepada pelajar menduduki Peperiksaan Gantian ini bagi kursus berkenaan:
to permit the student to take the Replacement Examination for the course concerned: _____
Kod Kursus / Course Code

Tandatangan Dekan & Cop
Dean's Signature & Stamp

Tarikh / *Date*: _____

Untuk Kegunaan Bahagian Perkhidmatan Akademik

For Official Use (To be completed by the Academic Services Division)

Tarikh terima permohonan:
Date of receipt of the application _____

Pelajar berkenaan telah dimaklumkan mengenai keputusan ini melalui surat bertarikh :
The applicant concerned has been informed of the decision via a letter dated: _____

No. rujukan surat:
Reference number of the letter: _____

Arahan Penting Untuk Pemohon:
Important Instructions for the Applicant:

1. Permohonan hendaklah dibuat dalam tempoh 48 jam selepas berakhirnya tarikh peperiksaan kursus yang hendak diulang kepada Dekan Sekolah masing-masing.
Application must be made within 48 hours after the examination of the course and submitted to the Dean of the school.
2. Sila sertakan Slip Menduduki Peperiksaan anda.
Please enclose a copy of your Examination Result Slip.
3. Sila isi dua (2) salinan borang UMS/BPA/03-13, satu salinan lengkap hendaklah disimpan oleh pelajar dan satu salinan lagi dikemukakan kepada Dekan Sekolah/Pusat melalui Penolong Pendaftar Sekolah/Pusat berkenaan.
Please complete two(2) copies of the application form (UMS/BPA/03 -13), one (1) copy of which is to be retained by the applicant and another copy is to be submitted to the Dean of the School/Centre via the Assistant Registrar concerned.