Examination and Graduation Unit, Academic Management Division, Registry

APPLICATION FORM FOR APPEAL FOR RE-CHECKING OF EXAMINATION RESULTS

1. INSTRUCTION TO CANDIDATE

1.1 **Articles 2 to 4 in this form must be properly and completely filled in.**

1.2 Payment must be made, which is **RM25.00 for each examination paper reviewed** at Bursary, USM.

- **Main Campus** : Student Accounts & Revenue Management Section, Bursary, D12 Building, Bursary@USM
- **Engineering Campus** : Student Finance Section, Bursary
- **Health Campus** : Student Finance Section, Bursary

OR

1.2.1 Via ePayment (Website: https://epayment.usm.my)

* Payment via c**heques WILL BE NOT ACCEPTED.**

1.3 The application form with **A COPY OF PAYMENT RECEIPT/ePAYMENT SLIP** must be sent to:

(a) **FOR STUDENTS OF MAIN CAMPUS, OFF-SHORE PROGRAMMES, ACADEMIC COLLABORATION PROGRAMMES AND POSTGRADUATE PROGRAMMES**

Principal Assistant Registrar, Examination and Graduation Unit, Academic Management Division, Registry, Level 5, Chancellory Building, 11800 USM, PENANG
(E-mail: exam@usm.my)

(b) **FOR STUDENTS OF ENGINEERING CAMPUS**

Senior Assistant Registrar, Academic Management Division, Registry, Engineering Campus, Universiti Sains Malaysia, Seri Ampangan, 14300 Nibong Tebal, PENANG
(E-mail: bpa.eng@usm.my)

(c) **FOR STUDENTS OF HEALTH CAMPUS**

Assistant Registrar, Academic Management Unit, Registry, Health Campus, Universiti Sains Malaysia, 16150 Kubang Kerian, KELANTAN
(E-mail: ajmal@usm.my)

2. DETAILS OF CANDIDATE

2.1 Full Name : _____

2.2 **NRIC/PASSPORT NUMBER** : _____

2.3 **INDEX NUMBER** : _____

2.4 Address : _____

_____

_____

2.5 Programme & Year of Study : _____

2.6 Mobile Phone Number : _____

2.7 Course(s) to be re-checked: -

NO.	COURSE CODE & TITLE	GRADE	SEMESTER

3. PAYMENT

3.1 Amount of Payment = RM _____

(PLEASE ENCLOSE A COPY OF PAYMENT RECEIPT TOGETHER WITH THIS FORM)

4. CANDIDATE'S SIGNATURE: _____ **DATE:** _____