



**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/03-17**

**PERMOHONAN RAYUAN MENDUDUKI PEPERIKSAAN ULANGAN KHAS  
APPLICATION FOR A SPECIAL REPEAT EXAMINATION**

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:

Tarikh Kelulusan Prasiswazah : \_\_\_\_\_  
Date of the Undergraduate Committee's Approval:

Keputusan Jawatankuasa Prasiswazah : \_\_\_\_\_  
Undergraduate Committee's Decision:

Keputusan Senat : \_\_\_\_\_  
Senate's Decision:

Tarikh Kelulusan Senat : \_\_\_\_\_  
Date of the Senate's Approval:

**Tindakan Bahagian Perkhidmatan Akademik / Action Taken by the Academic Services Division**

Pelajar ini telah dimaklumkan mengenai keputusan ini melalui surat bertarikh : \_\_\_\_\_  
This applicant has been informed of the decision via a letter dated:

No. Rujukan : \_\_\_\_\_  
Reference number:

**Arahan Penting Untuk Pemohon  
Important Instructions for the Applicant**

1. Permohonan hendaklah dibuat dalam tempoh dua (2) Minggu selepas tarikh keputusan peperiksaan diumumkan oleh Bahagian Perkhidmatan Akademik.  
*Application must be made within two (2) weeks after the official date of announcement of examination results by the Academic Services Division.*
2. Bayaran sebanyak RM 50.00 dikenakan atas permohonan. Pembayaran hanya boleh dibuat di pejabat/ Kaunter Bendahari sahaja (Bayaran tidak dikembalikan.).  
*A fee of RM50.00 will be charged for EACH course to be reviewed. All payment s must be made at the Bursary Counter. (Payment made is nonrefundable.)*
3. Sila sertakan salinan slip keputusan peperiksaan yang berkaitan.  
*Please enclose a copy of the examination result slip concerned.*
4. Permohonan tanpa bayaran akan ditolak.  
*Application submitted without payment will be rejected.*
5. Keputusan yang dibuat oleh Senat UMS adalah muktamad bagi setiap rayuan.  
*Decision made by the UMS Senate is final for every appeal/application.*
6. Sila isi dua (2) salinan borang 'UMS/BPA/03-17', satu salinan lengkap hendaklah disimpan oleh pelajar dan satu lagi salinan hendaklah disertakan dengan (salinan asal resit pembayaran ) kepada Dekan Fakulti/Pusat  
*Please complete two (2) copies of the application form 'UMS/BPA/03 -17', one (1) copy of which is to be retained by the applicant and another copy is to be submitted to the Dean of the Faculty/Centre via the Assistant Registrar concerned.*



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**MAKLUMAT MENGENAI PEMOHON / INFORMATION ON THE APPLICANT**

No. Pelajar / **Student No :** \_\_\_\_\_ **No. Resit Pembayaran / Payment Receipt No.** \_\_\_\_\_  
(Sila sertakan salinan asal Resit Pembayaran )

Nama Pelajar / **Student's Name :** \_\_\_\_\_

Kod & Nama Program / **Code & Name of the Programme :** \_\_\_\_\_

Tarikh Resit / **Date of the receipt :** \_\_\_\_\_ **Jumlah Bayaran / Amount Paid :** RM \_\_\_\_\_

Fakulti / **Faculty :** \_\_\_\_\_

No. Telefon Bimbit / **Handphone Number :** \_\_\_\_\_

**MAKLUMAT PERMOHONAN / INFORMATION ON THE APPLICATION**

Rayuan Menduduki Peperiksaan Ulangan Khas dalam Sesi \_\_\_\_\_ Semester \_\_\_\_\_  
**Appeal for a special repeat examination in Session Semester**

Saya memohon untuk menduduki Peperiksaan Ulangan Khas seperti berikut bagi tujuan pengijazahan Universiti.  
*I hereby apply to take a Special Repeat Examination for the following course in order to fulfill the graduation requirements of the University.*

Kod Kursus / Course Code	Nama Kursus / Course Title (Course Name)	Nama Pensyarah Lecturer's Name	Fakulti/Pusat Yang Menawarkan Faculty/ Centre Offering the Course

\_\_\_\_\_  
Tandatangan / **Signature** Tarikh / **Date :** \_\_\_\_\_

**Untuk Kegunaan Fakulti/Pusat**  
**For Official Use**  
(To be completed by the Faculty/Centre)

Jawatankuasa Akademik Fakulti/Pusat bersetuju/ tidak bersetuju mempertimbangkan permohonan pelajar diatas sebab berikut:

*The Academic Committee of the Faculty /Centre agrees / disagrees with the student 's application for reason(s) as mentioned below:*

Ulasan (jika ada):  
**Comment (if any):** \_\_\_\_\_

Tarikh / **Date:** \_\_\_\_\_

\_\_\_\_\_  
Tandatangan Dekan & Cop  
**Dean's Signature & Stamp**