



**UMS**  
UNIVERSITI MALAYSIA SABAH

UNIVERSITI MALAYSIA SABAH  
BAHAGIAN PERKHIDMATAN AKADEMIK  
JALAN UMS, 88400 KOTA KINABALU SABAH  
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**UMS/BPA/03-16**

**RAYUAN SEMAKAN SEMULA KEPUTUSAN PEPERIKSAAN  
APPEAL FOR A REVIEW OF EXAMINATION RESULTS**

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

No. Pelajar / Student ID \_\_\_\_\_ Program Pengajian / Programme of Study: \_\_\_\_\_

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

No. Resit Bayaran / Rujukan Pembayaran Payment Receipt/ Reference No: \_\_\_\_\_ Sertakan salinan asal resit. / Please attach the original copy of your receipt.

Tarikh Resit / Date of Receipt : \_\_\_\_\_ Jumlah Bayaran / Amount Paid RM: \_\_\_\_\_

Fakulti / Faculty : \_\_\_\_\_ No. Telefon Bimbit / Handphone No: \_\_\_\_\_

Semakan Semula Keputusan Peperiksaan Review of Examination Results Semester / Semester: \_\_\_\_\_ Sesi / Session: \_\_\_\_\_

Bil No	Kod Kursus / Course Code:	Tajuk Kursus (Nama Kursus) / Course Title (Course Name):	Gred / Grade	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)**

Tarikh Terima Permohonan / Date of Receipt of the Application: \_\_\_\_\_

Senarai Ahli Jawatankuasa Pemeriksa / List of Examination Review Committee Members	Keputusan Jawatankuasa Pemeriksa / Examination Review Committee's Decision
Nama Pengurus / Name of the Chairperson: _____ T.T Signature _____ Nama Pemeriksa 1 / Name of Examiner 1: _____ T.T Signature _____ Nama Pemeriksa 2 / Name of Examiner 2: _____ T.T Signature _____ Nama Pensyarah / Name of Lecturer: _____ T.T Signature _____ Nama Urusetia / Name of Secretariat: _____ T.T Signature _____	Jawatankuasa bersetuju / The committee hereby agree to: <input type="checkbox"/> Mengekal gred asal / maintain the original grade <input type="checkbox"/> Gred asal diubah seperti lampiran / revise the original grade as indicated in the attachment <input type="checkbox"/> Teguran (jika ada) / Comments (if any) _____ Nama Pengerusi & Cop / Name of the Chairperson & Official Stamp _____ T.T / Signature



**BORANG RAYUAN SEMAKAN SEMULA KEPUTUSAN PEPERIKSAAN  
APPEAL FOR A REVIEW OF EXAMINATION RESULTS**

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: \_\_\_\_\_

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

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

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

Tarikh Kelulusan Sanet  
Date of the Senate's Approval \_\_\_\_\_

**Tindakan / Action**

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

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

**Important Instructions for the Applicant**

1. Permohonan hendaklah dibuat dalam tempah 14 hari selepas tarikh keputusan secara rasmi diumumkan oleh Bahagian Perkhidmatan Akademik.  
*Application must be made within 14 days after the results have been officially announced by the Academic Services Division.*
2. Bayaran sebanyak RM50.00 dikenakan ke atas setiap SATU kursus yang dipohon. Pembayaran hanya boleh dibuat di Pejabat / kaunter Bendahari. (Bayaran tidak dikembalikan.)  
*A fee of RM50.00 will be charged for EACH course to be reviewed. Payment must be made at the Bursary Counter. (Payment made is not refundable.)*
3. Permohonan tanpa bayaran akan ditolak.  
*Application submitted without payment will be rejected.*
4. Sila sertakan salinan slip keputusan peperiksaan yang berkaitan.  
*Please enclose a copy of the examination result slip concerned.*
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 salinan borang 'UMS/BPA/03 -16', satu salinan lengkap hendaklah disimpan oleh pelajar dan satu salinan lagi (lengkap) bersama-sama dengan resit bayaran asal kepada Dekan Fakulti/Pusat melalui Penolong Pendaftar berkenaan.  
*Please complete two (2) copies of the application form 'UMS/BPA/03 -16', one (1) copy of which is to be retained by the applicant and another copy (completed) is to be submitted together with a payment receipt to the Dean of the Faculty/Centre via the Assistant Registrar concerned.*