

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 cheques 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, DISTANCE EDUCATION 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**

Assistant Registrar, Academic Management Division, Registry, Engineering Campus, Universiti Sains Malaysia, Seri Ampangan, 14300 Nibong Tebal, PENANG
(E-mail: khairunisa@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: srimas@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: _____