



**UTM**  
UNIVERSITI TEKNOLOGI MALAYSIA

School of  
Professional and  
Continuing  
Education  
(SPACE)

## APPLICATION FORM FOR SPECIAL EXAMINATION

**Centre For Degree & Foundation Studies**  
UTMSpace  
Level 4 & 5, Block T05,  
Universiti Teknologi Malaysia,  
81310 Johor Bahru, Johor, Malaysia.  
Email: foundation@utm.my Tel: 07-531 8061

### Student's Information

Name : \_\_\_\_\_

IC/Passport No. : \_\_\_\_\_ Matric No. : \_\_\_\_\_

Programme : \_\_\_\_\_

Semester/Session : \_\_\_\_\_ Contact No. (HP) : \_\_\_\_\_

Email : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

### Application Details

Please state below your reasons for making this application and attach all necessary documents.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby apply to sit for a Special Examination for the following course(s):

Bil.	Course Code	Course Name	Lecturer's Name	Date and Time of the Original Examination

Student's Signature : \_\_\_\_\_

**(For Official Duty Matters)**

Date : \_\_\_\_\_

Employer's Signature/  
Post and Company  
Stamp : \_\_\_\_\_

### For Official Use

Received by : \_\_\_\_\_

Date of receipt : \_\_\_\_\_