

APPLICATION FORM FOR SPECIAL EXAMINATION

Centre For Degree & Foundation Studies
Level 4 & 5, Block To5,
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GUIDELINE FOR SPECIAL EXAMINATION APPLICATION

- 1) Special examination can be held for:
 - a. Students who are unable to sit for the final examination because of illness certified by a medical officer from the University or government hospital, or
 - b. Students who involved in misfortune (accident, natural disaster or death of parents or next of kin), or
 - c. Students involved with national duty, or
 - d. Final semester students who have passed with Good Status (KB) but failed ONE (1) course from any semester.
 - e. Students who apply for special examination for reason as per item 1 (d) are NOT ALLOWED to register any course for the next semester.
- 2) Special examination marks are used to determine the results of the courses taken as follows:
 - a. For reasons as per item 1 (a, b & c), special examination mark will be used as the final examination mark while the coursework marks are retained.
 - b. For reason as per item 1 (d), special examination mark will be fully used to determine the result of the course (Passed or Failed) and will not be taken into account in the calculation of GPA and CGPA. Failed students are required to repeat the course.
- 3) Special examination will not be held for the following cases:
 - a. Students who did not take the final examination without valid reasons acceptable to the University.
 - b. Students who have less than 80% attendance in all form of face-to-face learning activities.
 - c. Students who have failed due to disciplinary reasons.

d. Courses that have no final examinations.

Student's Signature

Student's Information								
Name		:						
IC/Pas	ssport No.	:		Matric No.	·			
Programme		·		Semester/Session	·			
Email		:		Contact No. (HP)	·			
Addres	SS							
Passa	on for Applic	ation						
Please	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.	Cours	e Code	Course Name		Lecturer's Name			
				<u> </u>				

Date :.....

General Manager's Comments							
Recommend Not Recommend							
Comments:							
Signature & Official Stamps :		Date	:				
Lecturer's Comments							
Course Code & Name:							
Course Work Mark: Special Exami	nation Mark:	Total Mark:	Grade:				
Pass Fail							
Comments:							
Signature & Official Stamps :		Date	:				
For Use of Administration Division, PPI							
Comments:							
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Signature & Official Stamps :		Revision Date	•				