UUM
Universiti Utara Malaysia

EXAMINATION UNIT
ACADEMIC AFFARIS DEPARTMENT
TEL : 04-9283310/3314/3328/3329
FAKS : 04-9283305

COURSE RE-CHECKING FORM
SEMESTER _____

(Please use **BLOCK CAPITAL**)

MATRIC NO.: _____

STUDENT'S NAME: _____

IDENTITY CARD: _____ PROGRAMME: _____

PAYMENT RECEIPT NO.: _____ PAYMENT AMOUNT: RM _____

COLLEGE ADDRESS: MAILING ADDRESS: _____

_____ _____

_____ _____

_____ _____

TEL. NO: _____

LIST THE COURSES TO BE RE-MARKED

COURSE CODE	COURSE NAME	LECTURER'S NAME	CURRENT GRADE	NEW GRADE
GPA:		CGPA:		
RESULT: PASS/CONDITIONAL PASS/ REPEAT/ FAIL*				

* *Strike out whichever are not applicable*

STUDENT SIGNATURE   **SIGNATURE**

_____   _____
                                     Assistant Director
                                     Examination Unit
Date: **Academic Affairs Department**

Note: Please attach the original receipt as proof of payment.