Examination and Graduation Unit, Academic Management Division, Registry

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

   <div align="center">

   OR

   </div>

   1.2.1 Via ePayment (Website: **https://epayment.usm.my**)

   * Payment via c**heques 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: nrlinda@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:** _____