



APPLICATION FOR APPEAL AGAINST GRADES FORM

PART 1: TO BE FILLED BY THE STUDENT (APPLICANT)

Important Note:

1. This application for Appeal Against Grades must be submitted to the Examination Unit, not more than **TWO (2) WEEKS** (14 days) after the release of result statement or Official transcript of the semester.
2. Application for Appeal Against Grades **can only be made for the** End-of Semester's Final Assessment/Final Examination Result within the stipulated duration for the appeal.

Personal Details

Name: _____
Student ID No.: _____ School: _____
Intake: _____ Programme: _____
Applicant's Email : _____ Applicant's contact No.: _____

Grade Appeal (Course information)

I am appealing for the following course's grade:

Course Code : _____ Course Title : _____

Instructor/Lecturer of the Course : _____

I would like to apply for appeal against the grade for the course at the (√) semester and academic session below:

[Please tick (√) and fill up the session]

Semester 1, session 20__ / 20__ Semester 2, session 20__ / 20__ Semester 3, session 20__ / 20__

Applicant Declaration and signature:

[Please tick (√) and sign the declaration]

- I have discussed and been advised by my Academic Advisor or the Dean of School /Head of the Centre before proceeding with this appeal.
- I certify that the information on this form and supporting documentation are true, complete and accurate.
- I understand that any misinterpretation of this appeal /material may result in a charge of Academic Misconduct / Academic Dishonesty.
- I agree for Albukhary International University to disclosing my personal information and academic records, including the information I have provided on this form and any supporting documents, to the Appeal Secretariat, examiner, related administrative staff and the University's Senate.
- I also understand that if the required documentation is incomplete, the appeal will not be processed.

Applicant's Signature:

Date: DD / MM / YYYY

PART 2. TO BE FILLED BY THE FINANCE OFFICE

I certify that the abovementioned student has paid RM _____
(Ringgit Malaysia: _____) for the application of Appeal Against Grades*

.....
(Signature & Officer's Stamp)

Receipt No.: _____
Date : DD / MM / YYYY

Finance Officer's Name: _____

**Official Receipt (OR) issued and enclosed*

PART 3. TO BE FILLED BY THE SCHOOL OR CENTRE

For Office's use only

Important Note:

1. The information beyond this part is **not** to be viewed by the applicant.
2. The Examiner shall be appointed by the School / Centre.
3. The Examiner is required to provide a written explanation for each case that resulted in a change of grade/marks

Course Information

Course Code : _____ Course Title: : _____

Name of the Lecturer for the Course : _____

Assessment weightage:

%	%	[i.e: 70% 30% or 40% 60% or 100% etc]
<small>(for carry marks)</small>	<small>(for Final Examination/Final Assessment)</small>	

The **current** grade and marks (before review):-

Grade & Marks :

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(Grade) (Marks)

The grade and marks **after** revision or remarking:-

Grade & Marks :

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(Grade) (Marks)

Comment from the Examiner:

Remarks /
Comments:

.....
Examiner's signature

Name of the Examiner : _____
Date. : DD / MM / YYYY

**PART 4. TO BE FILLED BY THE DEAN'S OFFICE OR
HEAD OF CENTRE'S OFFICE**

For Office's use only

Important Note:

1. The information beyond this part is **not** to be viewed by the applicant.
2. The Dean of School / Head of Centre need to comment and accepted the grade before submission to the AAMD to be processed for Senate's approval.
3. The School / Centre to submit the completed form to the AAMD.

The latest accepted grade and marks as reviewed and agreed by the Dean of School / Head of Centre will be as the following:

(Grade)	(Marks)

Remarks /
Comments:

.....
(Dean of School/Head of Centre's signature)

Name: _____
Date. : DD / MM / YYYY

**PART 5. TO BE FILLED BY THE ADMISSION AND ACADEMIC
MANAGEMENT DEPARTMENT (AAMD)**

For Office's use only

- i. Date of table to the Senate Meeting or Special Senate Meeting : DD / MM / YYYY
- ii. SENATE PAPER NO. _____-_____ [_____]

[Please tick (√)]

- iii. Notification to the applicants : with changes without changes

Letter Ref. No. : AIU-_____-M01-_____

Date of the letter : DD / MM / YYYY

.....
(Signature & Officer's Stamp)

Processing Officer's Name: _____

Date : DD / MM / YYYY