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
      OR
   1.2.1 Via ePayment (Website: [https://epayment.usm.my](https://epayment.usm.my))
      * Payment via cheques **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 LEARNING PROGRAMMES, ACADEMIC COLLABORATION PROGRAMME AND POSTGRADUATE PROGRAMMES**
    Principal Assistant Registrar, Examinations and Graduation Unit, Academic Management Division, Registry, Level 5, Chancellory Building, 11800 USM, PENANG

(b) **FOR STUDENTS OF ENGINEERING CAMPUS**
    Principal Assistant Registrar, Registry, Engineering Campus, Universiti Sains Malaysia, Seri Ampangan, 14300 Nibong Tebal, PENANG

(c) **FOR STUDENTS OF HEALTH CAMPUS**
    Senior Deputy Registrar, Registry, Health Campus, Universiti Sains Malaysia, 16150 Kubang Kerian, KELANTAN

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:

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<th>NO.</th>
<th>COURSE CODE &amp; TITLE</th>
<th>GRADE</th>
<th>SEMESTER</th>
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3. PAYMENT
3.1 Amount of Payment = RM _______________

*(PLEASE ENCLOSE A COPY OF PAYMENT RECEIPT TOGETHER WITH THIS FORM)*

4. CANDIDATE’S SIGNATURE : ___________________ DATE : ___________