

APPEAL FORM FOR LATE REGISTRATION

APPLICANT PARTICULARS

Name

Student ID

Telephone No.

Faculty : _____

Programme : _____

Semester to Appeal : _____

Reason to Appeal : _____

COURSE REGISTRATION

No.	COURSE CODE	COURSE NAME	CLASS GROUP / LECTURER
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL CREDIT TAKEN			

Signature: _____

Date: _____

RECOMMENDED/NOT RECOMMENDED

APPROVED/NOT APPROVED

(1) FACULTY (COORDINATOR)

(2) HEAD OF DEPARTMENT/DEPUTY DEAN (ACADEMIC)

Signature & Verification	Signature & Verification
Date:	Date:

VERIFICATION

(3) STUDENT FINANCE UNIT

FACULTY/EXAMINATION & (4) COURSE EVALUATION UNIT *

(5) RECORDS & CONVOCATION UNIT

Signature & Verification	Signature & Verification	Signature & Verification
Date:	Date:	Date:

(Note: You are required to get approval according to the order of numbers)

* Applicable after Lecture Week 1

UNIVERSITI SELANGOR

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Jalan Timur Tambahan, 45600 Bestari Jaya
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Selangor Darul Ehsan, Malaysia

Telephone +603-55223481/+603-55223461
Email: urksa@unisel.edu.my



BORANG RAYUAN LEWAT DAFTAR

MAKLUMAT PEMOHON

Nama	
No. Pelajar	
No. Telefon	
Fakulti	
Program	
Semester Rayuan	
Sebab Rayuan	

PENDAFTARAN KURSUS

No.	KOD KURSUS	NAMA KURSUS	KUMPULAN KELAS/PENSYARAH
1			
2			
3			
4			
5			
6			
7			
8			
JUMLAH KREDIT DIAMBIL			

Tandatangan Pemohon : _____ Tarikh : _____

DISOKONG/TIDAK DISOKONG (1) FAKULTI (PENYELARAS)	LULUS/TIDAK LULUS (2) KETUA JABATAN/TIMBALAN DEKAN AKADEMIK
Tandatangan & Pengesahan Tarikh:	Tandatangan & Pengesahan Tarikh:

(3) UNIT KEWANGAN PELAJAR	PENGESAHAN (4) FAKULTI/UNIT PEPERIKSAAN & PENILAIAN KURSUS*	(5) UNIT REKOD & KONVOKESYEN
Tandatangan & Pengesahan Tarikh:	Tandatangan & Pengesahan Tarikh:	Tandatangan & Pengesahan Tarikh:

(Nota: Pastikan anda mendapat pengesahan mengikut turutan nombor)
 * Terpakai selepas Minggu Pertama kuliah

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