



FORM FOR REVIEW OF EXAMINATION RESULTS

SEMESTER 1 / SEMESTER 2 ACAD YEAR : _____

Important Notes :

1. Please pay a deposit of \$25 per module via Kiosks. Kiosks are available at the Student Service & Information Centre (SSIC) and at Library (Level 2). Payment can be made by ATM card or cashcard.
2. Please staple the payment receipt to this form and submit them to SSIC.
3. The deposit is not refundable if there is no change to the result after the review.
4. The form must be submitted within the specified period stipulated in the Student Homepage.
5. The review will be conducted by the academic school and student will be informed of the outcome within 3 weeks after the review period.

STUDENT PARTICULARS

Name: _____ Student No _____ NRIC/Passport No: _____
 Course: _____ Full-time / Part-time / ADC / SD (Please circle)
 Level : _____ Tutorial Group : _____ Advisor : _____
 Address: _____ Postal Code : _____
 Tel. No : _____ Handphone _____ e-mail _____
 Date : _____ Signature of Student _____
 NO. OF MODULES TO BE REVIEWED : _____ @ \$25 each TOTAL AMT : \$ _____

Module Description	1.	2.	3.	4.
Original Grade				

FOR SCHOOL / DIVISION USE

Component Description/Marks				
Course work Marks/Grade				
Exam Marks/Grade				
Final Marks/Grade				
Comments After Review				

Signature of Director
of School/Division

Date

Signature of Director
of School/Division servicing the module(s)

Date