



UUM
Universiti Utara Malaysia

EXAMINATION UNIT
ACADEMIC AFFAIRS DEPARTMENT
TEL : 04-9283106/3169/3160/4157
FAKS : 04-9283182

Course Re-marking Form _____ Semester Session 20__/20__

(Please use BLOCK CAPITAL)

Matric No. _____

Student's Name : _____

Identity Card: _____

Programme: _____

Payment Receipt No.: _____

Payment Amount: RM _____

College Address: _____

Mailing Address: _____

Tel. No.: _____

LIST THE COURSES TO BE RE-MARKED

Course Code	Course Name	Lecturer's Name	Current Grade	New Grade
GPA:		CGPA:		
Result: Pass / Conditional Pass/ Repeat / Fail*				

* Strike out whichever are not applicable.

Student's Signature

Signature

Date:

Assistant Director
Examination Unit
Academic Affairs Department

Note: Please attach the original receipt as proof of payment.

Please record in the record book upon submission of this form.