

SPECIAL EXAMINATION APPLICATION FORM

1. Student is required to read and understand the Rules and Regulations pertaining special examination in the student handbook.

2. Reasons, requirements and procedures for special examination:

Description	Requirements and Procedures	
	Requirements:	
	 Student who has health problem must have the Medical Certificate from Government Hospitals and/or verification by UMP Medical Doctor only. 	
	 b) Student who lost his/her close family member (mother, father, guardian, sibling, husband, wife, and children) will be given three (3) days of approval. Death certificate must be submitted. 	
Special examination	c) Student who faces emergency cases or has the obligations to take care of the sick family members must enclosed together with the related supporting documents.	
for student could not attend the final	d) Student who falls ill while sitting for the examination may request for examination postponement together with the verification by UMP Medical Doctor.	
examination due to nealth issues,	e) Any student who undergoes treatments due to operation, psychological matters or contagious disease must obtain the verification from UMP Medical Doctor.	
emergency or death cases	Procedures:	
	a) All students stated above must submit the application form, cover letter and related documents to the faculty within three (3) days from the day the student is absent for the course examination.	
	b) If the is no application submitted within this period, without valid reasons, the student is considered fail in the examination. He/she is required to repeat the subject.	

c) The mark for special examination will replace the final examination mark only while the course work mark is retained and will be counted in the CPA and GPA calculation.

SECTION I (To be completed by Student)

Student Name :			
Student ID :		IC/Passport No.	:
Programme :		Faculty	:
CPA & GPA :			
Candidature :	Full Time / Part Time		Current Semester/Academic Session

I, as per information above, would like to request for special examination as follows:

Course Name	:	
Lecturer's Name	:	
Faculty (that offer the course)	:	
Category	:	
Justification	:	

Hereby, I attached following documents as required:

	Cover Letter
	Medical Certificate by Government Hospital / UMP Medical Centre
	Death Certificate
	Other supporting documents (Please specify):
-	

Student's Signature :

Date:

SECTION II (To be completed by UMP Medical Doctor)

Hereby, I verify that:				
The student was sick and unable to attend the final examination.				
The student has emergency case.				
The student has the obligations to take care of the sick family members and unable to attend the examination.				
The student has to undergo treatments due to operation/psychological matters/contagious disease.				
Comment from UMP Medical Doctor:				
Date:				
UMP Medical Doctor's Signature and Stamp:				

SECTION III (To be completed by Head of Programme / Coordinator)

	Approved		Disapproved	
Comment from Head of Programme / Coordinator:				
Date:				
Head of Programme / Coordinator's Signature and Stamp:				

SECTION IV (To be completed by Dean of Faculty that offered the Course - if differs from student's faculty)

	Approved		Disapproved	
Commer	Comment from Dean:			
Date:				
Dean's Signature and Stamp:				

SECTION V (To be completed by Course Lecturer)

The student has obtained the following result for his/her special examination:					
	6 1				
PASS	FAIL	GRADE :			
Comment from Lecturer:					
Date:					
Lecturer's Signature and Stamp:					

SECTION VI (To be completed by Dean of Faculty)

Approved	Disapproved			
Comment from Dean:				
Date:				
Dean's Signature and Stamp:				

SECTION VII (To be completed by IPS)

Within rules	Further actions to be taken:			
& procedures	MPSU & Senate Matters	Administration Matters		
Yes	MPSU to be informed Completed Date: MPSU approval Yes No Date: Senate to be informed Completed Date:	 Verification by Dean of IPS Date: Change status in the system Date: Letter to Faculty Date: IPS Staff[*]s Name: 		
No	MPSU to be informed Completed Date: MPSU approval Yes No Date: Senate to be informed Completed Date:	Verification by Dean of IPSDate:Change status in the systemDate:Letter to FacultyDate:IPS Staff's Name:		
Reasons:				
Verification by Dean of IPS	Bring to MPSU for information Bring to MPSU for approval (Signature & Stamp)			
Hereby, I verify that this student matter has been solved.				
Date:	gnature and Stamp:			