

FORM A (1)

UNIVERSITI KUALA LUMPUR
APPEAL TO CONTINUE STUDIES / EXTEND STUDY DURATION

Note to Student : 1) Complete Part A & B of this form, and attach the Appeal Letter.
 2) Send the completed form to Academic Services Section

A) STUDENT PARTICULAR

Name :

ID Number : IC Number/ Passport :

Programme :

H/Phone Number : Email Address :

B) INFORMATION ON TERMINATION/ WITHDRAWN/ EXTENSION OF STUDY

i) Reason for discontinuing study (✓):

<input type="checkbox"/>	Terminated (F&O)	<input type="checkbox"/>	Terminated (Unregistered)	<input type="checkbox"/>	Withdrawn from study
<input type="checkbox"/>	Extension of Study Duration				

ii) Semester Terminated/ Withdrawn / Last Semester (Circle)

Semester : JAN / JUL / SEPT Year or Withdrawn Date

 iii) Attachment (✓) : Appeal Letter Signature : _____ Date of Appeal : _____

TO BE COMPLETED BY ACADEMIC SERVICES SECTION
C) ACADEMIC PERFORMANCES AND PLAN

i) SUMMARY PERFORMANCE

TCG	CCG	CT	TOTAL (CCG+CT)	Credit Left (TCG – TOTAL)	No. Of Courses Left	Number of Semesters Expected to complete

ii) DETAIL PERFORMANCE AND PLAN (Attach Simulation showing the courses and expected results)

SEM	SESSION	GPA/ CGPA	STANDING/ STATUS	SEM	SESSION	GPA/ CGPA	STANDING/ STATUS	REMARK
1				8				
2				9				
3				10				
4				11				
5				12				
6				13				
7								

Note: (Sim) – Simulation for Appeal Semester

iii) ATTENDANCE PERFORMANCE DURING SEMESTER BEFORE TERMINATION/ WITHDRAWN

 Meets minimum contact hours allocated Please (✓)

OR

Failed to attend 80% of contact hours allocated for the following course(s):

Course(s)	%
1.	
2.	
3.	

FORM A (2)

FOR UNIKL USED ONLY (NOT APPLICABLE FOR IMMEDIATE ADMISSION)



**UNIVERSITI KUALA LUMPUR
APPEAL TO CONTINUE STUDIES / EXTEND STUDY DURATION (Underline/Circle)**

TABLE OF REFERENCE: APPROVAL LEVEL

	LEVEL	Immediate Semester	After a Semester/ Extension of Study	Appeal Second Time
1	Pre- IAC		Recommend	Verify
2	IAC	Approve (Dean)	Approve (Committee)	Recommend (Committee)
3	UAC	-	Endorse	Approve
4	SENATE	-	-	Endorse

NOTE OF DISCUSSION (PRE IAC)

Part A) Background Information

Student Name			
ID Number :		Programme	
Withdrawn / terminated Date:		This is appeal number :	
How long the student has left UniKL			
Reason for leaving UniKL			
If the reason due to mental health, is there any declaration for mental fitness? Yes / No (Circle)			

Part B – Plan of Delivery and Monitoring (Refer Part C in Form A(1))

Recommended/ Expected Re admission in Semester	Jan / July / September Year _____
Recommended number of semester/ extended semester to complete his/her study	
Are the required courses available? Yes / No (Circle) If No, what is the resolution?	
Campus' Monitoring Plan / Who will monitor the student	
Student's Plan to Solve early issues (if necessary)	
Outstanding Debt and Student's Plan to Satisfy Outstanding Debt (if Any)	

Signature :
Name :
Designation :
(Academic Service Section)

Date :

FORM B



UNIVERSITI KUALA LUMPUR
APPEAL TO CONTINUE STUDIES /
EXTEND STUDY DURATION
DECISION RECORD

Category : (√)	
i) Termination (due F&O)	
ii) Termination (Unregistered)	
iii) Withdrawn from Study	
<i>Within Same Semester ? (YES/NO)</i>	
iv) Extension of Study	

ALL ITEMS MUST BE COMPLETED BY SECRETARIAT

a) Student ID and Name																	
b) Programme (in Full)																	
c) Reason to appeal (s): <i>Refer Appeal Letter</i>																	
d) Outstanding fees: (Finance Dept.)																	
e) Pre-Institute Academic Committee (Pre-IAC) (i) Attended by Suggest : HoS/PC/DDAT (ii) Decision <i>Refer Note of Discussion A(2)</i>	Internal meetings to access the merit of student's application <table border="1"> <thead> <tr> <th>Committee</th> <th>Name</th> <th>Signature</th> </tr> </thead> <tbody> <tr> <td>Chairman</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretariat (AcSS)</td> <td></td> <td></td> </tr> </tbody> </table> <p>Instruction: Tick √ where applicable Recommended / verify <input type="checkbox"/> Not Recommended / not verify <input type="checkbox"/></p>	Committee	Name	Signature	Chairman						Secretariat (AcSS)						
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f) Institute Academic Committee (IAC) (i) Attended by Chairman : Dean / Deputy Dean only (ii) Decision	<table border="1"> <thead> <tr> <th>Committee</th> <th>Name</th> <th>Signature</th> </tr> </thead> <tbody> <tr> <td>Chairman</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretariat (AcSS)</td> <td></td> <td></td> </tr> </tbody> </table> <p>Instruction: Tick √ where applicable Approved / Recommended <input type="checkbox"/> Not Approved / Not Recommended <input type="checkbox"/></p> Reason for the Decision : (Date of Meeting) If approve: Student to continue at semester (e.g Jan 2020) : _____ Additional Remark (If any) : _____	Committee	Name	Signature	Chairman									Secretariat (AcSS)			
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Prepared by: Name Designation: Date	<table border="1"> <thead> <tr> <th colspan="2">To be completed by secretariat (AcSS)</th> </tr> <tr> <th>Checklist</th> <th>Date / Remark</th> </tr> </thead> <tbody> <tr> <td>Receipt of Application</td> <td></td> </tr> <tr> <td>Pre-IAC Meeting</td> <td></td> </tr> <tr> <td>IAC Meeting</td> <td></td> </tr> <tr> <td>UAC/ Senate Meeting (if applicable)</td> <td></td> </tr> <tr> <td>If approve, continue at semester (e.g Jan 2020)</td> <td></td> </tr> <tr> <td>Communication to Student</td> <td>Call : Official Letter :</td> </tr> </tbody> </table>	To be completed by secretariat (AcSS)		Checklist	Date / Remark	Receipt of Application		Pre-IAC Meeting		IAC Meeting		UAC/ Senate Meeting (if applicable)		If approve, continue at semester (e.g Jan 2020)		Communication to Student	Call : Official Letter :
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