

卫理毕理学院

Institut Methodist Pilley

(Owned and operated by Pilley Education Enterprise Sdn. Bhd.: 519437H) Jalan Lily, 96000 Sibu, Sarawak, Malaysia

Tel: 084-322268 Fax: 084-320801/320623 email: mpi@pilley.edu.my

APPLICATION FOR SUPPLEMENTARY EXAMINATION (DIPLOMA)

RETURN THIS APPLICATION TO:- The Head of Examination Please read the notes overleaf before completing this form.

Nam	ne		Student No).		
Programme Title				Intake JAN Year	N MAY A	UG
Depa	artment			Student Status	: Full Time / I	art '
Add	ress:					
	-time Contact Nu	mber:				
APF	-time Contact Nu PLICATION DE h to apply to sit for s	mber:	Email Ad for the following Final Assessment	dress: Supplementary	Acknowledged	
APP I wish	-time Contact Nu PLICATION DE h to apply to sit for s e/s:-	mber: TAILS upplementary examination	Email Ad	dress:		l by l
APP I wish	-time Contact Nu PLICATION DE h to apply to sit for s e/s:-	mber: TAILS upplementary examination	Email Ad for the following Final Assessment (Non exam	dress: Supplementary	Acknowledged	l by l
APF I wisl cours NO	-time Contact Nu PLICATION DE h to apply to sit for s e/s:-	mber: TAILS upplementary examination	Email Ad for the following Final Assessment (Non exam	dress: Supplementary	Acknowledged	
APP I wish cours NO	-time Contact Nu PLICATION DE h to apply to sit for s e/s:-	mber: TAILS upplementary examination	Final Assessment (Non exam subject)	dress: Supplementary	Acknowledged	l by l
APP I wish cours NO 1.	-time Contact Nu PLICATION DE h to apply to sit for s e/s:-	mber: TAILS upplementary examination Course Name	Final Assessment (Non exam subject)	dress: Supplementary	Acknowledged	l by l
APF I wish cours NO 1. 2.	-time Contact Nu PLICATION DE h to apply to sit for s e/s:-	mber: TAILS upplementary examination Course Name	Final Assessment (Non exam subject)	dress: Supplementary	Acknowledged	l by l

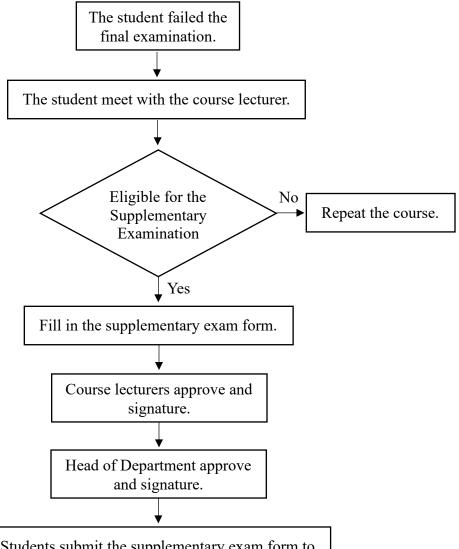
NOTES TO STUDENTS

- Return the completed form to the Department of Examination for registration.
- Supplementary examination granted only once. If absent from the Supplementary Examination, there is no-resitting for the Supplementary Examination unless you have a strong supporting reason for consideration to be made on extenuating circumstances.
- For subjects that only have continuous assessment, students must submit their work no later than week 2 of the following new semester.
- Seek the approval from the respective lecturer and Head of Department.

	The fee paid is non-refundable.		
	FOR OFFICE USE	3	
III.	DECISION OF FACULTY / DEPARTMENT		
	(Please tick the appropriate box)		
	Application is: Approved Not approved (Reason:)
	Signature: Head of Department	Date	

FOR EXAM UNIT USE

Application received on	1	by	•



Students submit the supplementary exam form to the exam unit and make the payment before the registration due date for the supplementary exam.