



卫理毕理学院

Institut Methodist Pilley

(Owned and operated by Pilley Education Enterprise Sdn. Bhd.: 519437H)

Jalan Lily, 96000 Sibul, Sarawak, Malaysia

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APPLICATION FOR SUPPLEMENTARY EXAMINATION (DIPLOMA)

RETURN THIS APPLICATION TO:- The Head of Examination

Please read the notes overleaf before completing this form.

I. PARTICULARS OF STUDENT

Name _____

Student No.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Programme Title

| Intake | JAN | MAY | AUG |
|--------|-----|-----|-----|
| Year | | | |

Department _____

Student Status: Full Time / Part Time

Address: _____

Day-time Contact Number: _____ Email Address: _____

II. APPLICATION DETAILS

I wish to apply to sit for supplementary examination for the following course/s:-

| NO | Course Code | Course Name | Final Assessment (Non exam subject) | Supplementary examination | Acknowledged by lecturer | |
|----|-------------|-------------|---|------------------------------|--------------------------|------|
| | | | | | Signature | Date |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

Signature of student

Date of application

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

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 _____ by _____.

