

# 卫理毕理学院

## Methodist Pilley Institute

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

Jalan Lily, 96000 Sibul, Sarawak, Malaysia

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### APPLICATION FOR SUPPLEMENTARY EXAMINATION

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 | Continuous Assessment | 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 \_\_\_\_\_

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### ***FOR EXAM UNIT USE***

Application received on \_\_\_\_\_ by \_\_\_\_\_.

