

BORANG PERMOHONAN RAYUAN PENYEMAKAN SEMULA KEPUTUSAN PEPERIKSAAN

1. ARAHAN KEPADA CALON

1.1 Perkara 2 hingga 4 dalam borang ini hendaklah diisi dengan betul dan lengkap.

1.2 Bayaran hendaklah dibuat di Jabatan Bendahari, USM iaitu sebanyak **RM25.00** bagi setiap kertas peperiksaan yang disemak semula.

- **Kampus Induk** : Unit Pengurusan Hasil & Kewangan Pelajar, Jabatan Bendahari, Bursary@USM, Bangunan D12

- **Kampus Kejuruteraan** : Seksyen Akaun Pelajar, Jabatan Bendahari

- **Kampus Kesihatan** : Seksyen Akaun Pelajar Jabatan Bendahari

ATAU

1.2.1 Pembayaran melalui ePayment (**Laman Sesawang <https://epayment.usm.my>**).

*** Pembayaran melalui CEK TIDAK DITERIMA.**

1.3 Borang permohonan bersama **SALINAN RESIT RASMI PEMBAYARAN/PENYATA ePAYMENT** hendaklah dihantar kepada :

(a) **PELAJAR KAMPUS INDUK, PROGRAM PESIRIR, PROGRAM PENGAJIAN JARAK JAUH, PROGRAM USAHA SAMA AKADEMIK DAN PROGRAM PENGAJIAN SISWAZAH**

Ketua Penolong Pendaftar, Unit Peperiksaan dan Pengijazahan,
Bahagian Pengurusan Akademik, Jabatan Pendaftar, Aras 5, Bangunan Canselori, 11800 USM,
PULAU PINANG
(E-mel: exam@usm.my)

(b) **PELAJAR KAMPUS KEJURUTERAAN**

Penolong Pendaftar, Bahagian Pengurusan Akademik, Jabatan Pendaftar, Kampus Kejuruteraan, Universiti Sains Malaysia, Seri Ampangan, 14300 Nibong Tebal, PULAU PINANG
(E-mel: srnorasmah@usm.my)

(c) **PELAJAR KAMPUS KESIHATAN**

Penolong Pendaftar, Unit Pengurusan Akademik, Jabatan Pendaftar, Kampus Kesihatan, Universiti Sains Malaysia, 16150 Kubang Kerian, KELANTAN
(E-mel: srimas@usm.my)

2. BUTIRAN CALON

- 2.1 Nama Penuh : _____
- 2.2 **NOMBOR KAD PENGENALAN** : _____
- 2.3 **ANGKA GILIRAN** : _____
- 2.4 Alamat Surat Menyurat : _____

- 2.5 Program & Tahun Pengajian : _____
- 2.6 Nombor Telefon Bimbit : _____

2.7 Kertas peperiksaan yang disemak semula :-

BIL.	KOD & TAJUK KURSUS	GRED	SEMESTER

3. BAYARAN

3.1 Jumlah Bayaran = RM _____

(SILA KEPILKAN SALINAN RESIT/BUKTI PEMBAYARAN BERSAMA DENGAN BORANG INI)

4. TANDATANGAN CALON : _____ **TARIKH** : _____

APPLICATION FORM FOR APPEAL FOR RE-CHECKING OF EXAMINATION RESULTS

1. INSTRUCTION TO CANDIDATE

- 1.1 **Articles 2 to 4 in this form must be properly and completely filled in.**
- 1.2 Payment must be made, which is **RM25.00 for each examination paper reviewed** at Bursary, USM.
- **Main Campus** : Student Accounts & Revenue Management Section, Bursary, D12 Building, Bursary@USM
 - **Engineering Campus** : Student Finance Section, Bursary
 - **Health Campus** : Student Finance Section, Bursary

OR

1.2.1 Via ePayment (Website: <https://epayment.usm.my>)

*** Payment via cheques WILL BE NOT ACCEPTED.**

1.3 The application form with **A COPY OF PAYMENT RECEIPT/ePAYMENT SLIP** must be sent to:

(a) **FOR STUDENTS OF MAIN CAMPUS, OFF-SHORE PROGRAMMES, DISTANCE EDUCATION PROGRAMMES, ACADEMIC COLLABORATION PROGRAMMES AND POSTGRADUATE PROGRAMMES**

Principal Assistant Registrar, Examination and Graduation Unit, Academic Management Division, Registry, Level 5, Chancellory Building, 11800 USM, PENANG
(E-mail: exam@usm.my)

(b) **FOR STUDENTS OF ENGINEERING CAMPUS**

Assistant Registrar, Academic Management Division, Registry, Engineering Campus, Universiti Sains Malaysia, Seri Ampangan, 14300 Nibong Tebal, PENANG
(E-mail: srnorasmah@usm.my)

(c) **FOR STUDENTS OF HEALTH CAMPUS**

Assistant Registrar, Academic Management Unit, Registry, Health Campus, Universiti Sains Malaysia, 16150 Kubang Kerian, KELANTAN
(E-mail: srimas@usm.my)

2. DETAILS OF CANDIDATE

2.1	Full Name	:	
2.2	NRIC/PASSPORT NUMBER	:	
2.3	INDEX NUMBER	:	
2.4	Address	:	
2.5	Programme & Year of Study	:	
2.6	Mobile Phone Number	:	

2.7 Course(s) to be re-checked:-

NO.	COURSE CODE & TITLE	GRADE	SEMESTER

3. PAYMENT

3.1 Amount of Payment = RM _____

(PLEASE ENCLOSE A COPY OF PAYMENT RECEIPT TOGETHER WITH THIS FORM)

4. CANDIDATE'S SIGNATURE : _____

DATE: _____