



# IIUM Centre for Continuing Education (ICCE)

## APPLICATION FOR SPECIAL EXAMINATION

### SECTION A (PERSONAL INFORMATION - TO BE FILLED IN BY THE STUDENT)

NAME :  
 MATRIC NO :  
 SEM/SESSION :  
 PROGRAMME :  
 TELEPHONE NO :  
 EMAIL ADDRESS :

I HEREBY AGREE THAT A FEE OF **RM250 PER COURSE** BE IMPOSED ON ME FOR SPECIAL EXAMINATION

SIGNATURE :

DATE :

NO	COURSE CODE	COURSE TITLE	EXAMINATION DATE	EXAMINERS

### NOTE:

PLEASE ATTACH A COPY OF YOUR MEDICAL CERTIFICATE AND EXPLANATORY LETTER

### SECTION B (APPROVAL- TO BE FILLED BY THE ACADEMIC AFFAIRS UNIT, ICCE)

APPROVED

NOT APPROVED

SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

REMARKS/COMMENT:

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