



## ACADEMIC DISMISSAL APPEAL FORM

Name : \_\_\_\_\_ ID : \_\_\_\_\_  
Correspondence : \_\_\_\_\_ Passport / IC No. : \_\_\_\_\_  
Address : \_\_\_\_\_ H/P : \_\_\_\_\_  
: \_\_\_\_\_ Contact No. : \_\_\_\_\_  
Sponsor : \_\_\_\_\_ Home : \_\_\_\_\_  
: \_\_\_\_\_ H/P : \_\_\_\_\_

**Academic History: (Please attach your semester results)**

Programme : \_\_\_\_\_ Intake : \_\_\_\_\_  
Total credits earned : \_\_\_\_\_ GPA last semester: \_\_\_\_\_ CGPA : \_\_\_\_\_  
Expected date of Graduation : \_\_\_\_\_ Credits needed to complete : \_\_\_\_\_  
No. of Appeal(s) : First/Second/Third/ \_\_\_\_\_

Reason(s) for Appeal:

Health Problem       Financial Problem       Personal Problem       Academic Problem

**(Please attach any related or supporting evidence/documents)**

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that if my appeal is approved, I must meet the following conditions:**

1. I would abide by the Academic Plan discussed with my Programme Coordinator.
2. I would improve my academic performance with at least 3.0 CGPA.
3. I agree that this is the only appeal that I am entitled to.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**STUDENT INSTRUCTION:**

1. A student who wishes to appeal must apply immediately following his/her dismissal.
2. The Dismissal Appeal Form is to be submitted to the Academic Office within the first two weeks of the semester.
3. Please attach your semester results and academic plan discussed with your Programme Coordinator.

**ACADEMIC OFFICE USE**

**1. Checked by Academic Officer**

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Recommended / Not Recommended by COP:**

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature & Stamp  
Academic Officer**

Date : \_\_\_\_\_

\_\_\_\_\_  
**Signature & Stamp  
Coordinator Programme**

Date : \_\_\_\_\_

**3. Recommended / Not Recommended by Vice President Academic :**

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature & Stamp  
Vice President Academic**

Date : \_\_\_\_\_

**NOTE:**

Academic Officer should forward this form to Academic's Office for record and keep a copy

**Academic's Office**

Received by : \_\_\_\_\_

Date : \_\_\_\_\_

Date Recorded : \_\_\_\_\_

Date informed to  
student : \_\_\_\_\_