

MULTIMEDIA UNIVERSITY

APPEAL FOR REINSTATEMENT INTO MULTIMEDIA UNIVERSITY

Student is required to complete the following details. (Kindly attach your discontinuation of study letter and a copy of your transcript too)

PART A : STUDENT

Name		Student ID	
Faculty		Programme	
Email		HP No	

My current student's status is (please tick the appropriate box):

<input type="checkbox"/>	Dismissed	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Terminated-D
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The reason for the above :

Student's Signature :

Date :

PART B: VERIFICATION

EXAMINATION AND RECORDS UNIT (ERU): Deactivation Date : _____ Termination Count : _____ Remarks: _____	Signature and Stamp: Date:
STUDENT SERVICE CENTER (SSC) (FOR TERMINATED STATUS ONLY): Did the student attend the Let Excel Programme when his was in Probation Status in the last Trimester? <input type="checkbox"/> YES <input type="checkbox"/> NO	Signature and Stamp: Date :
INTERNATIONAL OFFICE (IO) (FOR INTERNATIONAL STUDENT ONLY): Student's Visa/Pass Expiry:	Signature and Stamp: Date :

COUNSELING UNIT (STAD) (FOR TERMINATED STATUS ONLY): Counselor's Comment: <hr/> <hr/> <hr/> <hr/>	Signature and Stamp: Date :
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PART C : FACULTY / ACADEMIC CENTER:

ACADEMIC ADVISOR (Student is required to meet the Academic Advisor to review his/her Academic Progress, etc) Please do not proceed if part B has not been completed. Academic Advisor's Comment: <hr/> <hr/> <hr/> <hr/>	Signature and Stamp: Date :
AFTER REVIEWING THE STUDENT'S ACADEMIC PROGRESS, THE ADVISOR IS REQUIRED TO SUBMIT THE FORM TO THE ADMIN OFFICE FOR THE NEXT ACTION	
DEAN OF FACULTY / DIRECTOR OF ACADEMIC CENTER: <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED Dean's /Director's Justification: <hr/> <hr/> <hr/> <hr/>	Signature and Stamp: Date :
FACULTY IS REQUIRED TO SUBMIT THE COMPELETE FORM TO ERU	

PART D : EXAMINATION AND RECORD UNIT:

Date of the Senate Appeal Committee Meeting : _____

Decision of the Meeting :

	Approved		Rejected		Others. Please specify : <hr/> <hr/>
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Decision has been updated on : _____

Staff's Signature :

Date: