

RESULTS APPEAL FORM

This form is valid for one subject only

Name : _____

Student ID : _____ Semester : _____

Programme : _____

I wish to appeal against the result awarded to me in the following subject.

| SUBJECT CODE | SUBJECT NAME | GRADE AWARDED |
|--------------|--------------|---------------|
| | | |

Reasons :

Note:

- 1) The Appeal Form must be submitted to the Exams Centre within 5 working days of the results being released on MyPride. Please send it to exams@help.edu.my.
- 2) Payment of RM200 (Pre-U & Undergraduate) or RM300 (Postgraduate) per subject must be made to the Bursary.

Signature of Student

Date

FOR OFFICE USE

Received By : _____ Date : _____ Receipt No. : HUIC-_____

Decision of Appellate Committee

Signature of Chairman of Appellate Committee

| Subject Code | Assignment | Exam | Final Mark | Final Grade |
|--------------|------------|------|------------|-------------|
| | | | | |

IMPORTANT: This form is invalid without the endorsement of the Exams Centre. Please be informed that information requested herein is for administrative purposes only.