APPEAL AGAINST ADVANCED STANDING / CREDIT TRANSFER RESULTS

[Please read the ‘Important Notes’ before completing this Form]

IMPORTANT NOTES
1. The application fee for an appeal against Advanced Standing / Credit Transfer results is RM50.00. The appeal fee is non-refundable regardless of the outcome of the appeal.
2. Please provide additional information (if any) to support your appeal.

STUDENT PERSONAL PARTICULARS
Name: ____________________________________________
Student ID: ________________________ Programme of Study: __________________________

DETAILS OF APPEAL
1. Please indicate the Advanced Standing / Credit Transfer results that you would like to appeal for.
   - Block Credit Transfer (BCT)
   - Specific Credit Transfer (SCT) – please complete the table below.

<table>
<thead>
<tr>
<th>The WOU Course to be appealed for exemption</th>
<th>The course(s) passed from previous studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Code</td>
<td>Course Title</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------</td>
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<tr>
<td>(If the space provided is inadequate, please attach the additional information on a separate sheet)</td>
<td></td>
</tr>
</tbody>
</table>

2. Please attach a copy of the Advanced Standing / Credit Transfer results that you would like to appeal for.

DECLARATION
1. I hereby pay a total of RM50.00 by cash / postal order / money order / bank draft / cheque / visa / master card / ATM card (No: __________________________) for the appeal fee.

   I am aware that the appeal fee is not refundable regardless of the outcome of the application.

   * All payments must be payable to “Wawasan Open University Sdn Bhd”

2. I have read the Important Notes above and agree to abide by it.

Signature of Student: ____________________________ Date: ____________________________

FOR REGIONAL CENTRE USE ONLY

Official Receipt No: R100 _________________________
Received by
Name: __________________________________________

Signature: ____________________________ Date: ____________________________
**REVIEW DETAILS**

1. The appeal is directed to the respective School:  
   - [ ] SBA  
   - [ ] SFLS  
   - [ ] SST

2. The appointed review members (to be filled by the Dean):
   - Name: ___________________________ (Head)
   - Name: ___________________________
   - Name: ___________________________

3. The review outcome (to be filled by the Head)
   - [ ] (a) Change is warranted.
     - **Block Credit Transfer (BCT)**
       - i) Total credit exemption: Changed From ___ credits To _________ credits
     - ii) Details of the change:

     | Course Code | Course Title       | Original decision | Revised decision |
     |-------------|--------------------|-------------------|------------------|
     | e.g. BBM203/05 | Business Statistics | Not exempted     | Exempted         |

   - **Specific Credit Transfer (SCT)**
     - i) Details of the change:

     | Course Code | Course Title       | Original decision | Revised decision |
     |-------------|--------------------|-------------------|------------------|
     |             |                    | Not exempted      | Exempted         |

   - [ ] (b) Change is **NOT** warranted.

4. Recommendation from the Head
   - Name: ___________________________
   - Signature: _______________________
   - Date: ___________________________

5. Endorsement from the Dean of the School
   - Name: ___________________________
   - Signature: _______________________
   - Date: ___________________________