

APEL.A APPEAL FORM

Name	
IC Number/ Passport No	
Date	
Appeal For	<input type="checkbox"/> Aptitude Test <input type="checkbox"/> Review Marks <input type="checkbox"/> Resit <input type="checkbox"/> Portfolio Re-submission <i>[Please Tick √ One Only]</i>
Level of Study	<input type="checkbox"/> MQF Level 6 <input type="checkbox"/> MQF Level 7 <i>[Please Tick √ One Only]</i>
Reason for Appeal	
Approved by	Signature: Assessor's Name: Date:
Payment transfer to CIMB Bank account. Account Name: U.C.I Education Sdn. Bhd. Account No: 800 229 5164 Please email payment slip to: cac@city.edu.my and credit.control@city.edu.my Provide your full name, contact no., and NRIC/ Passport No. in the email.	
For Office Use Only	
Received by	Signature: Name: Date:
Receipt No	
Name and Signature	
Date	

Review Marks *(Please complete one MQF level only. Not applicable for Re-sit)*

MQF Level 6	Marks Obtain Before (%)	Marks Obtain After (%)
Numerical Literacy		
English Literacy		
Bahasa Malaysia Literacy ¹		
General Knowledge ²		
Critical Thinking		
MQF Level 7	Marks Obtain Before (%)	Marks Obtain After (%)
Numerical Literacy		
English Literacy		
Bahasa Malaysia Literacy ³		
General Knowledge/ Critical Thinking		
Approved by	Signature: Assessor's Name: Date:	