UNITEN/COGS(A)/2026

COLLEGE OF GRADUATE STUDIES (COGS)

APPEAL FOR CONTINUATION OF STUDIES AFTER TERMINATION

Instructions for Students: Submit this completed form along with proof of payment for the **RM75.00 appeal fee** by the deadline stated in the final examination results announcement.

Required Attachments (Please tick ☐ to confirm inclusion):

- ☐ Study plan showing outstanding requirements and target completion dates.
- ☐ Latest draft of the thesis, dissertation, or project report.
- ☐ Proof of payment (Receipt) for the RM75.00 appeal fee.

PART A: TO BE COMPLETED BY THE STUDENT

To: The Dean, College of Graduate Studies, Universiti Tenaga Nasional

1. Student Details

Student Name	
Student ID	
Programme (as stated in offer letter)	
Email Address	
Mobile Number	
Programme Structure (tick one)	☐ Structure A ☐ Structure B ☐ Structure C
Semester & Academic Year Concerned	Semester: _____ Academic Year: _____
Supervisor Nomination (COGS11A)	☐ Submitted ☐ Not yet submitted ☐ Not applicable

Coursework Details (if applicable):

GPA for Semester Concerned:	**Current CGPA:**
Credit Hours Completed:	**Credit Hours Transferred:**

2. Appeal Details

Appeal Category (tick one): ☐ First appeal ☐ Second or subsequent appeal
Justification for Appeal: *Explain the circumstances that led to your termination or delayed completion, and outline how you plan to complete the outstanding requirements. (Note: For second and subsequent appeals, explain why you could not complete your studies within your most recent extension, describe the progress made during that period, and explain how you will finish within the newly requested extension.)*

Extension Duration Requested: _____ Proposed Extension End Date: _____

3. Thesis, Dissertation, or Project Report Progress

Submission Progress (tick the latest milestone reached):

- ☐ COGS16 – Notice of submission submitted
- ☐ COGS16A – Format conformity form submitted
- ☐ COGS17 – Thesis, dissertation, or project report submitted for examination
- ☐ Viva voce completed
- ☐ COGS20 – Final thesis, dissertation, or project report submitted
- ☐ Not applicable

Date of Latest Submission or Viva Voce (if applicable):

Draft Progress (complete only if COGS17 has not yet been submitted; refer to your attached draft):

Chapters Completed:

Chapters in Progress:

Chapters Yet to Be Started (if any):

Viva Voce and Corrections (if applicable):

Viva Outcome:

Correction Period Granted:

Thesis Correction Deadline:

4. Publication Record (Complete if applicable)

Number of Journal Articles Published to Date:	
Number of Published Papers Counting Towards Programme Requirement:	
Number of Additional Publications Required:	

List the published papers that count toward your requirement and any manuscripts planned to meet the outstanding requirement. Use the latest journal status for submitted manuscripts, and include target dates in your study plan.

Paper Title	Journal Name	Indexing (e.g., WoS, Scopus)	Current Status (Draft / Submitted / Under Review / Accepted / Published)	Publication or Target Date

5. Student Declaration

I understand that my appeal may be rejected if the information provided is incomplete or inaccurate, or if proof of payment is missing.	
Receipt Number: **Date:**	**Student Signature:**

PART B: SUPERVISOR RECOMMENDATION

Student Name:	**Student ID:**
Recommendation (tick one): ☐ Support ☐ Do not support	
Recommended Extension Duration:	**Recommended Extension End Date:**
Comments and Justification: *Please state the reasons for your recommendation and comment on whether the student can complete the outstanding requirements within the recommended period.*	
Supervisor Name: **Date:**	**Supervisor Signature & Official Stamp:**

PART C: TO BE COMPLETED BY THE PROGRAMME COORDINATOR

Applicable to students in Structures B and C only. *Instructions: Review the student's academic record. Where applicable, attach the GPA/CGPA simulation and proposed course registration plan.*

Simulated GPA (if applicable)	
Simulated CGPA (if applicable)	
Subject Codes to Be Registered (if applicable)	
Programme Coordinator's Recommendation	☐ Support ☐ Do not support
Recommended Extension End Date (if applicable)	
Remarks	

Signature & Official Date Stamp	Date: _____