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|  <b>INTERNATIONAL COLLEGE IMPERIA</b> | INTERNATIONAL COLLEGE IMPERIA             |
|  | RE-SIT/REFERRAL SUBJECT REGISTRATION FORM |

**PART I PERSONAL PARTICULAR**

|                                       |  |                                     |  |
|---------------------------------------|--|-------------------------------------|--|
| Name (as per IC/Passport)             |  |                                     |  |
| Student ID No.                        |  | Study Mode<br>(Full-Time/Part-Time) |  |
| Programme                             |  |                                     |  |
| Intake                                |  | Current Semester                    |  |
| Contact No.<br>(Telephone/Hand phone) |  | Email                               |  |

**PART II SUBJECT DETAILS**

| No. | Subject Code | Subject | Semester |
|-----|--------------|---------|----------|
| 1   |              |         |          |
| 2   |              |         |          |
| 3   |              |         |          |

- Note :
- Registration of any re-sit/ referral will only be confirmed by the Examination Department.
  - Candidate must:
    - complete the re-sit/referral form
    - pay the required fee for re-sit/refer
 (a and b must be done within the deadline set by the Examination Department, failing which the candidate will not be registered and allowed to sit for the examination)

Student's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

|                   |   |
|-------------------|---|
| <b>Re-sit Fee</b> | <b>RM 300 [Foundation, Diploma &amp; Executive Diploma]<br/>RM 400 [Degree]</b> |
|-------------------|---|

**Direct bank-in to:**

Bank : CIMB Bank  
 Account's Name : INTERNATIONAL COLLEGE IMPERIA  
 Account's Number : 8004520919

Kindly provide the copy of the payment slip and return the complete form to:

**Examination Department**, IMPERIA College, Level 11, Menara Summit, Persiaran Kewajipan USJ 1, 47600 UEP Subang Jaya, Selangor.

**Fax: +603-8024 2426 Email: [account@imperiamy.edu.my](mailto:account@imperiamy.edu.my) and [exam@imperiamy.edu.my](mailto:exam@imperiamy.edu.my)**

**PART III FOR OFFICE USE ONLY**

| EXAMINATION                  | FINANCE             | HEAD OF DEPARTMENT           |
|------------------------------|---------------------|------------------------------|
| Received by                  |                     |                              |
| _____<br>(Signature & Stamp) | Amount Paid : _____ | _____<br>(Signature & Stamp) |
|                              | Due Date : _____    |                              |
|                              | Received by : _____ |                              |
|                              | Date : _____        |                              |
| Date : _____                 | Remark : _____      | Date : _____                 |