

# EXAMINATION PAPER SUBMISSION FORM

# unisel

UNIVERSITI SELANGOR

Faculty / Center : \_\_\_\_\_

Programme : \_\_\_\_\_

Subject coordinator : \_\_\_\_\_

Name of subject : \_\_\_\_\_

Subject code : \_\_\_\_\_

Office phone number : \_\_\_\_\_ Mobile phone number : \_\_\_\_\_

Semester : \_\_\_\_\_ Academic session : \_\_\_\_\_

Examination duration : \_\_\_\_\_ Examination date : \_\_\_\_\_

Paper venue :  BJ only  SA only  BJ and SA  Others: \_\_\_\_\_

This question paper is (✓)  Unisel compulsory subject (code Z and MPW only)

Faculty service subject to other faculty

Faculty own subject

| NO.   | NAMES OF LECTURERS | STATUS | MOBILE PHONE NO. | GROUP                           | NO. OF STUDENT |
|---|--------------------|--------|------------------|---------------------------------|----------------|
| 1   |                    |        |                  |                                 |                |
| 2   |                    |        |                  |                                 |                |
| 3   |                    |        |                  |                                 |                |
| 4   |                    |        |                  |                                 |                |
| 5   |                    |        |                  |                                 |                |
| 6   |                    |        |                  |                                 |                |
| 7   |                    |        |                  |                                 |                |
| 8   |                    |        |                  |                                 |                |
| 9   |                    |        |                  |                                 |                |
| 10  |                    |        |                  |                                 |                |
| 11  |                    |        |                  |                                 |                |
| 12  |                    |        |                  |                                 |                |
| 13  |                    |        |                  |                                 |                |
| 14  |                    |        |                  |                                 |                |
| 15  |                    |        |                  |                                 |                |
| Lecturer status : Full Time (FT) / Part Time (PT) |                    |        |                  | <b>TOTAL NUMBER OF STUDENTS</b> |                |

Please tick (✓) on the needed items and the quantity required for the above exam paper :

| NO | ITEMS   | ✓ | QTY |
|----|---|---|-----|
| 1  | Answer booklet  |   |     |
| 2  | Loose paper   |   |     |
| 3  | Objective answer sheet - OMR <small>must be more than 20 questions</small>                |   |     |
| 4  | Objective answer sheet - MCQ (TRUE / FALSE) <small>must be more than 20 questions</small> |   |     |
| 5  | Graph paper (normal graph)  |   |     |
| 6  | Answer script front cover (for attendance only)   |   |     |
| 7  | Others (please specify) : _____   |   |     |

### DECLARATION OF SUBJECT COORDINATOR / CHIEF EXAMINER

I have checked and rechecked the question paper and there is no mistake whatsoever  
 I have checked and enclosed are the lists of students names for each group of the subject  
 I have checked with all my lecturers (under the subject) that the number of students and groups are as same as in the final examination  
 I have checked that the code, name of subject and names of registered students are the same with what is in the Bestari System  
 I have enclosed all the additional attachments (if any) together with the question paper in an envelope  
 I have submitted the answer scheme, soft copy of question and second set of question to the Head of Program / Dean's office  
 I am aware that the exam schedule and location are drafted based on the number of students given by me  
 I am aware that this question paper can only be submitted to the Exam Unit by the Assistant Registrar / Head of Program of this subject  
 I admit the data given is the same as given to my exam timetable coordinator  
 My personal soft and hard copy of the question and answer scheme in the office's PC has been deleted/shredded  
**This paper has gone through faculty's vetting dated :**

I hereby declare that all of the above statements have been read, understood and followed accordingly

**Head of Programme / Chief Examiner**  
 Signature and stamp :  
 Date :

**Faculty Assistant Registrar**  
 Signature and stamp :  
 Date :

| EXAMINATION UNIT - OFFICE USE                  |
|--|
| <b>Received by:</b><br>Name:<br>Date:<br>Sign: |
| <b>Printed by:</b><br>Name:<br>Date:<br>Sign:  |

# EXAMINATION PAPER SUBMISSION FORM



Faculty / Center : \_\_\_\_\_

Programme : \_\_\_\_\_

Subject coordinator : \_\_\_\_\_

Name of subject : \_\_\_\_\_

Subject code : \_\_\_\_\_

Office phone number : \_\_\_\_\_ Mobile phone number : \_\_\_\_\_

Semester : \_\_\_\_\_ Academic session : \_\_\_\_\_

Examination duration : \_\_\_\_\_ Examination date : \_\_\_\_\_

Paper venue :  BJ only  SA only  BJ and SA  Others: \_\_\_\_\_

This question paper is (✓) : Unisel compulsory subject (code-Z and MPW only)

: Faculty service subject to other faculty

: Faculty own subject

| NO.   | NAMES OF LECTURERS | STATUS | MOBILE PHONE NO. | GROUP                           | NO. OF STUDENT |
|---|--------------------|--------|------------------|---------------------------------|----------------|
| 1   |                    |        |                  |                                 |                |
| 2   |                    |        |                  |                                 |                |
| 3   |                    |        |                  |                                 |                |
| 4   |                    |        |                  |                                 |                |
| 5   |                    |        |                  |                                 |                |
| 6   |                    |        |                  |                                 |                |
| 7   |                    |        |                  |                                 |                |
| 8   |                    |        |                  |                                 |                |
| 9   |                    |        |                  |                                 |                |
| 10  |                    |        |                  |                                 |                |
| 11  |                    |        |                  |                                 |                |
| 12  |                    |        |                  |                                 |                |
| 13  |                    |        |                  |                                 |                |
| 14  |                    |        |                  |                                 |                |
| 15  |                    |        |                  |                                 |                |
| Lecturer status : Full Time (FT) / Part Time (PT) |                    |        |                  | <b>TOTAL NUMBER OF STUDENTS</b> |                |

Please tick (✓) on the needed items and the quantity required for the above exam paper :

| NO | ITEMS   | ✓ | QTY |
|----|---|---|-----|
| 1  | Answer booklet  |   |     |
| 2  | Loose paper   |   |     |
| 3  | Objective answer sheet - OMR <small>must be more than 20 questions</small>                |   |     |
| 4  | Objective answer sheet - MCQ (TRUE / FALSE) <small>must be more than 20 questions</small> |   |     |
| 5  | Graph paper (normal graph)  |   |     |
| 6  | Answer script front cover (for attendance only)   |   |     |
| 7  | Others (please specify) : _____   |   |     |

**DECLARATION OF SUBJECT COORDINATOR / CHIEF EXAMINER**

I have checked and rechecked the question paper and there is no mistake whatsoever  
 I have checked and enclosed are the lists of students names for each group of the subject  
 I have checked with all my lecturers (under the subject) that the number of students and groups are as same as in the final examination  
 I have checked that the code, name of subject and names of registered students are the same with what is in the Bestari System  
 I have enclosed all the additional attachments (if any) together with the question paper in an envelope  
 I have submitted the answer scheme, soft copy of question and second set of question to the Head of Program / Dean's office  
 I am aware that the exam schedule and location are drafted based on the number of students given by me  
 I am aware that this question paper can only be submitted to the Exam Unit by the Assistant Registrar / Head of Program of this subject  
 I admit the data given is the same as given to my exam timetable coordinator  
 My personal soft and hard copy of the question and answer scheme in the office's PC has been deleted/shredded  
**This paper has gone through faculty's vetting dated :**

I hereby declare that all of the above statements have been read, understood and followed accordingly

**Head of Programme / Chief Examiner**  
 Signature and stamp :  
 Date :

**Faculty Assistant Registrar**  
 Signature and stamp :  
 Date :

| EXAMINATION UNIT - OFFICE USE           |
|---|
| Received by:<br>Name:<br>Date:<br>Sign: |
| Printed by:<br>Name:<br>Date:<br>Sign:  |

# EXAMINATION PAPER SUBMISSION FORM

**unisel**  
UNIVERSITI SELANGOR

Faculty / Center : \_\_\_\_\_

Programme : \_\_\_\_\_

Subject coordinator : \_\_\_\_\_

Name of subject : \_\_\_\_\_

Subject code : \_\_\_\_\_

Office phone number : \_\_\_\_\_ Mobile phone number : \_\_\_\_\_

Semester : \_\_\_\_\_ Academic session : \_\_\_\_\_

Examination duration : \_\_\_\_\_ Examination date : \_\_\_\_\_

Paper venue :  BJ only  SA only  BJ and SA  Others: \_\_\_\_\_

This question paper is (✓) :  Unisel compulsory subject (code-Z and MPW only)

:  Faculty service subject to other faculty

:  Faculty own subject

| NO.   | NAMES OF LECTURERS | STATUS | MOBILE PHONE NO. | GROUP | NO. OF STUDENT                  |
|---|--------------------|--------|------------------|-------|---------------------------------|
| 1   |                    |        |                  |       |                                 |
| 2   |                    |        |                  |       |                                 |
| 3   |                    |        |                  |       |                                 |
| 4   |                    |        |                  |       |                                 |
| 5   |                    |        |                  |       |                                 |
| 6   |                    |        |                  |       |                                 |
| 7   |                    |        |                  |       |                                 |
| 8   |                    |        |                  |       |                                 |
| 9   |                    |        |                  |       |                                 |
| 10  |                    |        |                  |       |                                 |
| 11  |                    |        |                  |       |                                 |
| 12  |                    |        |                  |       |                                 |
| 13  |                    |        |                  |       |                                 |
| 14  |                    |        |                  |       |                                 |
| 15  |                    |        |                  |       |                                 |
| Lecturer status : Full Time (FT) / Part Time (PT) |                    |        |                  |       | <b>TOTAL NUMBER OF STUDENTS</b> |

Please tick (✓) on the needed items and the quantity required for the above exam paper :

| NO | ITEMS   | ✓ | QTY |
|----|---|---|-----|
| 1  | Answer booklet  |   |     |
| 2  | Loose paper   |   |     |
| 3  | Objective answer sheet - OMR <small>must be more than 20 questions</small>                |   |     |
| 4  | Objective answer sheet - MCQ (TRUE / FALSE) <small>must be more than 20 questions</small> |   |     |
| 5  | Graph paper (normal graph)  |   |     |
| 6  | Answer script front cover (for attendance only)   |   |     |
| 7  | Others (please specify) : _____   |   |     |

## DECLARATION OF SUBJECT COORDINATOR / CHIEF EXAMINER

I have checked and rechecked the question paper and there is no mistake whatsoever

I have checked and enclosed are the lists of students names for each group of the subject

I have checked with all my lecturers (under the subject) that the number of students and groups are as same as in the final examination

I have checked that the code, name of subject and names of registered students are the same with what is in the Bestari System

I have enclosed all the additional attachments (if any) together with the question paper in an envelope

I have submitted the answer scheme, soft copy of question and second set of question to the Head of Program / Dean's office

I am aware that the exam schedule and location are drafted based on the number of students given by me

I am aware that this question paper can only be submitted to the Exam Unit by the Assistant Registrar / Head of Program of this subject

I admit the data given is the same as given to my exam timetable coordinator

My personal soft and hard copy of the question and answer scheme in the office's PC has been deleted/shredded

**This paper has gone through faculty's vetting dated :**

I hereby declare that all of the above statements have been read, understood and followed accordingly

**Head of Programme / Chief Examiner**  
Signature and stamp :  
Date :

**Faculty Assistant Registrar**  
Signature and stamp :  
Date :

Head of Programme  
/ Chief Examiner

| EXAMINATION UNIT - OFFICE USE           |
|---|
| Received by:<br>Name:<br>Date:<br>Sign: |
| Printed by:<br>Name:<br>Date:<br>Sign:  |