



HIGH COMMISSION OF BRUNEI DARUSSALAM EXAMINATION RESULT FORM

Instructions:

1. Complete this form and email to students@brunei.org.au within ONE (1) week after release of exam results.
2. Indicate with a circle or tick (✓) where appropriate.
3. Please download the Student Academic Progress Report (SAP) form for your faculty academic team leader or a representative to complete.

A. STUDENT DETAILS										
Full Name (In CAPITAL)						BSA No.				
Mobile No.						E-Mail Address				
B. ACADEMIC DETAILS										
Name of Institution						University Student ID No.				
Program Title						Program Start Date (dd/mm/yyyy)				
Course Length	Year(s)		Semesters			Program End Date (dd/mm/yyyy)				
Sponsorship Awarded By:						Sponsorship Start Date (dd/mm/yyyy)				
Reference Letter No.						Sponsorship End Date (dd/mm/yyyy)				
C. LATEST SEMESTER EXAMINATION RESULT										
Academic Year (Please Circle where appropriate)	1	2	3	4	5	6	R	Semester 1	2	No. of Modules
Semester Exam Period (dd/mm/yyyy)	to						Semester Exam Result Date (dd/mm/yyyy)			
Exam Result (Please indicate the modules taken for the semester and provide the grades obtained)	Module Code									
	PASS									
	FAIL									
	OTHERS									
D. RESIT/SUPPLEMENTARY EXAM										
Number of Resit Paper(s)						Note: 1. The resit(s) must be authorized by the MoE. 2. Please provide supporting documents (exam results, permission to resit from the university). 3. For final year students planning to do their resit in Brunei, you need to notify and get permission from the university. 4. MoE will not pay for any incidentals caused by resit(s).				
Date of Resit										
Expected Date of Result										
E. REPEAT MODULE(S)										
Number of Module(s) failed						Note: 1. Permission must be obtained from MoE before students are allowed to repeat. 2. Please provide latest exam results and supporting letter from your university.				
Please state which semester you intend to repeat the module										
F. SUMMER/ WINTER MODULE(S)										
Note. 1. Send application to EAUC eight (8) weeks before course starts with university supporting letter. 2. Students may be required to pay for course applied.	Module Code	Module Title			Core/ Elective	Repeat/ Replace	Start Date (mm/yyyy)	End Date (mm/yyyy)		
Reasons for Summer or Winter Course	<input type="checkbox"/> To replace failed module(s) <input type="checkbox"/> Module(s) taken is/are part of current program				<input type="checkbox"/> To shorten program durations <input type="checkbox"/> Part of Program/Course upgrade					
F. PROGRAM EXTENSION										
Please state reason for program extensions						Extra Semesters Required				
						No. of Modules Remaining				
Note. 1. Send application to EAUC three (3) months before course starts with university supporting letter. 2. Students may be required to pay for course applied.	Module Code	Module Title			Core/ Elective	Repeat/ Replace	Year	Semester		
G. DECLARATION										
I hereby declare that the information provided is TRUE and the documents attached are mine.										
Signature/ Initial							Date:			(mm/yyyy)
I. FOR INTERNAL USE ONLY										
Please tick if documents are submitted by student			Check By		Endorsed By		Remarks			
Latest Official Academic Statement/Record	<input type="checkbox"/>									
University Letter	<input type="checkbox"/>									
Student Academic Progress Report	<input type="checkbox"/>	Initial and Name		Initial and Name						