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)		BSNZ 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 sate 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	☐ To replace failed module(s)	☐ To shorten program durations
	☐ Module(s) taken is/are part of current program	☐ 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	☐			
University Letter	☐			
Student Academic Progress Report	☐	Initial and Name	Initial and Name	