THE MALAYSIAN INSTITUTE OF ACCOUNTANTS
QUALIFYING EXAMINATION (QE)

WORKSHOP APPEAL FORM

Please return this form to: MIA Qualifying Examination Committee
Malaysian Institute of Accountants
Dewan Akauntan, Unit 33-01, Level 33
Tower A, The Vertical, Avenue 3, Bangsar South City
No 8, Jalan Kerinchi, 59200 Kuala Lumpur
(Attn : Education Unit)

BASIS FOR APPEAL
A candidate is required to submit an appeal to retain the workshop evaluation marks for the next immediate examination sitting if the candidate is “ABSENT” or “FAILS” in the final examination. The candidate is allowed to retain the workshop evaluation marks subject to approval of the appeal to the Examination Committee.
(Please refer to paragraph 4.9 of MIA QE Guidelines and Syllabus)

NOTES & INSTRUCTIONS:
1. Please complete all relevant sections of this form.
2. All appeals from “ABSENT” candidates shall be made in writing to the Examination Committee within 7 working days after the commencement of the examination for which the candidate is scheduled to sit.
3. “ABSENT” candidates must provide a concise statement to support his appeal with relevant documentary evidence.
4. All appeals from “FAILED” candidates shall be made in writing to the Examination Committee within 7 working days after the announcement of the examination result.
5. Candidates are not entitled for a refund of the examination fees, subject to paragraph 7.5 & 7.6 of MIA QE Guidelines and Syllabus. Candidates are entitled for a refund subject to paragraph 7.5.1 (a) (b) & 7.6.1 (a) (b). A request for a refund must be submitted in a separate form.
6. Candidates are required to apply to re-sit for the final examination in the next immediate sitting. Failure to comply will result in having to register and repeat the MIA QE workshop.

SECTION A: CANDIDATE’S DETAILS
Name of Candidate: (As per I.C. / Passport)

Candidate Number: Date of Certificate of Candidacy:

Start Date: End Date:

Examination Sitting (current):

SECTION B: BASIS FOR APPEAL (Please tick relevant box)

<table>
<thead>
<tr>
<th>ABSENT</th>
<th>FAIL</th>
</tr>
</thead>
</table>

Examination sitting:

Subject:
- ☐ Business & Company Law
- ☐ Auditing
- Taxation
- Advanced Financial Accounting and Reporting
### SECTION C (A) : DECLARATION FOR “FAILED” CANDIDATES

I hereby appeal to retain my workshop evaluation marks for the next immediate examination sitting.

**Subject:**
- [ ] Business & Company Law
- [ ] Auditing
- [ ] Taxation
- [ ] Advanced Financial Accounting and Reporting

**Workshop Marks:**
(Please indicate your workshop marks)
- Business & Company Law
- Auditing
- Taxation
- Advanced Financial Accounting and Reporting

**Next immediate examination sitting:**
- [ ] March, Year:_________  
- [ ] September, Year:_________

________________________________________
Signature of Candidate

________________________________________
Date of Application

### SECTION C (B) : DECLARATION FOR “ABSENT” CANDIDATES

I hereby appeal to retain my workshop evaluation marks for the next immediate examination sitting based on the following ground:

* Please tick relevant box
- [ ] Medical (must be supported by appropriate medical certification/report)
- [ ] Other Circumstances*
- [ ] Personal*

*Please provide a statement in the space below (with relevant documentary evidence*) to support your case for appeal. If necessary, you may attach a separate sheet.

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Workshop Marks:
(Please indicate your workshop marks)

<table>
<thead>
<tr>
<th>Course</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Business &amp; Company Law</td>
<td></td>
</tr>
<tr>
<td>Auditing</td>
<td></td>
</tr>
<tr>
<td>Taxation</td>
<td></td>
</tr>
<tr>
<td>Advanced Financial Accounting and Reporting</td>
<td></td>
</tr>
</tbody>
</table>

Next immediate examination sitting:
- [ ] March, Year:________
- [ ] September, Year:________

__________________________________________  _________________________________________
Signature of Candidate                  Date of Application

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**FOR OFFICE USE**

<table>
<thead>
<tr>
<th>Date appeal received:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Examination Committee’s Meeting:</td>
<td></td>
</tr>
<tr>
<td>Candidate’s Examination Record:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paper</th>
<th>Status (F/P)</th>
<th>Exam Sitting</th>
</tr>
</thead>
</table>

Decision:  
- [ ] Approved  
- [ ] Not Approved

Date issuance letter of approval/rejection to candidate:

__________________________________________  _________________________________________
Signature of Officer                  Date

Name:  
Designation:  