****

**OFFICE OF DEPUTY DEAN (ACADEMIC & INTERNATIONALISATION)**

**ABDULHAMID ABUSULAYMAN KULLIYYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES**

**ANSWER SCRIPT SUBMISSION FORM**

**SEMESTER \_\_\_\_\_SESSION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
|  **INSTRUCTION** **To Lecturer/Examiner** 1. This form is meant for the submission of final examination answer scripts.
2. You are required to fill in Section A and submit the form to your Head of Department, **within 2 days** **after due date of submission of results**.
3. Please submit the form together with the following to your HOD:
4. Validation Sheet
5. CAM Sheet
6. Answer Scripts
7. **INCOMPLETE SUBMISSION WILL NOT BE ACCEPTED.**
8. One set of form is required for each section. If you are examining a course of two (2) sections, you are accordingly required to submit two (2) forms.
9. Please ensure that the number of answer scripts submitted **tally** with the number of students who sat for the final examination.
 |
| **To Head of Department** 1. Please complete Section B.
2. Please ensure the form is attached with the required documents prior to submission to the Office of Deputy Dean Academic and Internationalisation (DDAI).
3. **THE DDAI OFFICE WILL NOT ACCEPT ANY INCOMPLETE SUBMISSION.**
4. All results will be endorsed in the Kulliyyah’s Board of Assessment and Examination (KBOAE) meeting of the semester.
5. You are given **2 weeks after the KBOAE** to compile the answer scripts form with the required documents for submission to the DDAI Office.
 |

**SECTION A: TO BE COMPLETED BY THE LECTURER/EXAMINER**

|  |  |
| --- | --- |
| 1. Name of Lecturer/Examiner:
 |  |
| 1. Course Code:
 |  |
| 1. Course Title:
 |  |
| 1. Section:
 |  |
| 1. Total student registered:
 |  |
| 1. Total student attended final examination:
 |  |
| 1. Total answer script received for marking:
 |  |
| 1. Total answer script sent to department:
 |  |
| 1. Date of submission to department:
 |  |
| 1. Signature of Lecturer/Examiner:
 |  |

**SECTION B: TO BE COMPLETED BY HEAD OF DEPARTMENT (HOD)**

|  |
| --- |
| I have counter checked and verified the above and certify that the submission is complete and ready for submission to the DDAI Office. HOD Signature and Stamp: ………………………………………………………….. Date: ……………………………… |