Northrise University

EXAMINATION RE-SIT FORM

This form must be completed by students who are applying to re-sit an exam. It is recommended that you make and keep a copy of this form once you have filled it in. You must meet the following requirements before you apply for an exam re-sit:

1. You have obtained a mark of 40 to 49 % in the final exam for the course you are applying to re-sit.
2. You have attained at least 50% of your Continuous Assessment (CA) in the course.
3. You are within the time limit for the application of an exam re-sit.

Student Details (please print in CAPITAL LETTERS)

Last Name: _____ Matriculation ID: ☐☐☐☐☐☐☐

First Name: _____ Contact Telephone: _____

Address: _____ 2._____

Postal Code: _____ Email: _____

Instructor Details (please print in CAPITAL LETTERS)

Last Name: _____ Employee ID: ☐☐☐☐☐☐☐

First Name: _____ Contact Telephone: _____

Course Details (please print in CAPITAL LETTERS)

Course ID: **Course Title:**

_____ _____

I failed the final exam in the above course offered in **Term** …… **Academic Year** …… and wish to re-sit the exam. *I understand that after the re-sit is approved I have to pay the exam re-sit fee. I also understand that once I write the re-sit exam, the result is final and CANNOT be appealed.*

Student Signature ……**Date**: …… …..

Office Use Only

Results of the Exam Re-sit Application

Course Instructor Name:	*Academic Committee Recommendation (tick appropriate box)*
Course Instructor Signature:	☐ Approved (send to Course Instructor for signing) ☐ Rejected (notify student, copy to student file)
Date:	Exam Date: (if approved)

Course Coordinator, if you recommend this application be approved, please sign below (on the right). Please note that the Examinations will only be conducted if the proposed date is in the formal examination re-sit period.

Notes:	Course Coordinator Name: ………………………………………… Course Coordinator Notes: …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… Course Coordinator Signature: ………………………………………………………………………….. Date: ………………………………………………………………………
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Date Student notified:	
Date Faculty notified:	