



APPLICATION FOR RE-SIT/RE-SUBMISSION/RE-MARKING/ EXAM DEFFERAL

1. APPLICANT PERSONAL DETAILS

Full Name	<input type="text"/>	Student ID Number	<input type="text"/>
Present Address	<input type="text"/>	NID / PP Number	<input type="text"/>
Email Address	<input type="text"/>	Contact Number	<input type="text"/>

2. COURSE / PROGRAMME DETAILS

Course Name	<input type="text"/>	Course Code	<input type="text"/>
Faculty/Center	<input type="text"/>	Campus	<input type="text"/>

3. DETAILS OF APPLICATION

Applying for: *(Tick where appropriate)*

Re-sit Re-submission Review/Remarking Exam Defferal/Due Date Extension

Please fill the following details:

Exam/Assignment Name	<input type="text"/>		
Module / Subject Name	<input type="text"/>	Assessment Date	<input type="text"/>
Reason	<input type="text"/>		

Note: Please submit the supporting documents along with this form

4. DECLARATION

I hereby declare that all the information provided in this form and documents attached (if any) are true to the best of my knowledge.

Date	<input type="text"/>	Signature	<input type="text"/>
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5. OFFICE USE ONLY

5.1 Fill the following if the student applied for reviewing / remarking *(Tick/fill as appropriate)*

<input type="checkbox"/> There has been changes in the grade after remarking the script	Grade before remarking	<input type="text"/>
<input type="checkbox"/> There has been no changes in the grade after remarking the script	Grade after remarking	<input type="text"/>
Reviewer/Re-marker name	<input type="text"/>	
Date of the Review/Re-mark	<input type="text"/>	Signature <input type="text"/>

5.1. Fill the following if the student applied for re-sit/re-submission/Deferred Exam *(Tick/fill as appropriate)*

<input type="checkbox"/> Approved	Remarks	<input type="text"/>
<input type="checkbox"/> Reject		

Received by	<input type="text"/>	Authorized by	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>