



T. A MARRYSHOW COMMUNITY COLLEGE

RESIT EXAMINATION APPLICATION FORM

Resits are only applicable to students receiving a "C", D or D+" in a course

A student cannot receive a grade higher than a "C" for a Resit Examination

*A maximum of **two Resit Examinations** are allowed in a given semester. Only one Resit Examination is allowed for a given course. Please obtain signatures in the order listed in **Section B** of this form.*

SCHOOL: SASPS SAAT CE (Please tick the appropriate School)

NAME OF APPLICANT:

CELL NUMBER:..... E-MAIL ADDRESS:.....

PROGRAMME:.....

SEMESTER:..... ACADEMIC YEAR:.....

Section A

I would like to apply for a Resit Examination in the following course(s):

NO.	COURSE NUMBER	COURSE NAME	INSTRUCTOR'S NAME	INSTRUCTOR'S SIGNATURE	GRADE OBTAINED
1.					
2.					

SECTION B

TITLE	SIGNATURE	APPROVED	NOT APPROVED	DATE
CHAIR				
DEAN				
RECORDS OFFICER				
ASSISTANT REGISTRAR FOR EXAMINATIONS				

RESIT EXAMINATION DATE _____

FOR OFFICIAL USE ONLY

RECEIPT #. _____ AMOUNT PAID:\$ _____

SIGNATURE OF CASHIER _____



T. A MARRYSHOW COMMUNITY COLLEGE

MAKE-UP EXAMINATION APPLICATION FORM

This form is only applicable to students who have been absent from an examination as a result of sickness, death and funeral of a family member. Medical certificates or all supporting documents should be attached. **Kindly obtain signatures in the order listed in Section B of this form.**

SCHOOL: SASPS SAAT SCE (Please tick appropriate School)

NAME OF APPLICANT:

CELL NUMBER:..... E-MAIL ADDRESS:.....

PROGRAMME:.....

SEMESTER:..... ACADEMIC YEAR:.....

Section A

I would like to apply for a Make-up Examination in the following course (s):

NO.	COURSE NUMBER	COURSE NAME	INSTRUCTOR'S NAME
1.			
2.			
3.			
4.			

Reason for Make-up Examination request:

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SECTION B:

TITLE	SIGNATURE	APPROVED	NOTAPPROVED	DATE
DEAN				
REGISTRAR				
ASSISTANT REGISTRAR FOR EXAMINATIONS				

MAKE-UP EXAMINATION DATE _____