

RE - SIT



Personal details

Full name	ID Card No
<input type="text"/>	<input type="text"/>
Contact number	D.O. B
<input type="text"/>	<input type="text"/>
Emergency contact number	E-Mail
<input type="text"/>	<input type="text"/>
Current Address	
<input type="text"/>	

Course Details

Program	<input type="text"/>		
Year	<input type="text"/>	Intake	<input type="text"/>

Re-sit modules to be examined this semester

<i>PART A: RESIT EXAMINATION</i>			
no.	Module Code	Module Title	No. of attempt(s)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>PART B: COURSEWORK</i>			
no.	Module Code	Module Title	No. of attempt(s)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application.

Signature

Date

Academic	Finance	Registrar's Office
Lecturer:	Amount Paid	Date:
Date:	Date:	_____
Coursework score:	Name:	Name:
Final Examination score:	_____	_____
Verified by:	Signature	Signature
Signature:	_____	_____