

REQUEST FOR SUPPLEMENTARY / RESIT EXAMINATION

Step 1: Personal Details	
Student number:	Title: Ms / Miss / Mrs / Mr / Dr
Surname:	Contact number:
Given name(s):	
Step 2: Units Applied for Supplementary/ Res	it Examination
UNIT CODE:	UNIT NAME:
UNIT CODE:	UNIT NAME:
UNIT CODE:	UNIT NAME:
Step 3: Reasons and Evidence for Supplemen	tary Examination
☐ Written statement from the student explain	mg why special consideration is sought.
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☐ Attached documentary evidence (e.g. med	dical certificate)
□ Must be stamped	
☐ Must include the date of consultation	
Must include the start/end date of the med	lical condition
☐ Must include the period covered by the me	edical certificate
Step 4: Student Declaration	
Students may apply for a Supplementary Exam	nination when they are unable to sit an exam.
Misreading the exam timetable is not sufficient	reason for the award of a Special Examination.
	nust be received no later than three (3) working days before the ms will decide whether a Supplementary Examination is granted.
Student signature:	/ Date:/
Step 5: Resit Examination Payment (AU\$ 400.	.00)



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The Student has made the payment.		
Signature: Finance Department	Stamped:	
Step 6: Final Decision by Academic Department		
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Comments:	en e	
	and the second 	
□ Approved □ Rejected		
Signature:		
Director of Academic Programs		
Date / /		