# 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/ Resit Examination

UNIT CODE: _____ UNIT NAME: _____

UNIT CODE: _____ UNIT NAME: _____

UNIT CODE: _____ UNIT NAME: _____

## Step 3: Reasons and Evidence for Supplementary Examination

☐ Written statement from the student explaining why special consideration is sought:

_____

_____

_____

_____

☐ Attached documentary evidence (e.g. medical certificate)

- ☐ Must be stamped
- ☐ Must include the date of consultation
- ☐ Must include the start/end date of the medical condition
- ☐ Must include the period covered by the medical certificate

## Step 4: Student Declaration

- *Students may apply for a Supplementary Examination when they are unable to sit an exam.*
- *Misreading the exam timetable is not sufficient reason for the award of a Special Examination.*
- *Applications for Supplementary Examination must be received no later than three (3) working days before the examination. The Director of Academic Programs 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**

**TOP OFFICE USE ONLY**

**Comments:** _____

_____

_____

_____

☐ **Approved** ☐ **Rejected**

**Signature:** _____

**Director of Academic Programs**

**Date** ____ / ____ / ____