



REQUEST FOR RE-SIT OF A UNIT

***Please note that the cost for EACH re-sit is \$200. This payment is required in advance before your request can be considered.**

STUDENT NAME:	STUDENT ID:	DATE:
NAME OF UNIT AND CODE NO.		

OFFICE USE ONLY:

REQUEST FOR RE-SIT:	APPROVED	NOT APPROVED
STAFF NAME:		
SIGNATURE:		DATE:

TEACHING STAFF ONLY:

TEACHER NAME:	DATE OF RE-SIT:	RESULT: C/NYC/CS*
TEACHER SIGNATURE:		

***Please note that CS is the maximum grade achievable for re-sits.**