



RE-SIT REGISTRATION FORM

Student Details (This should be filled by the student)

Index	
Registered Name	
Registered Batch	
Email	
Mobile	

Re-sit Details (Three maximum modules are allowed to re-sit at a time)

Module Title 1		
Module Components		
Attempts	CW Exam Date	Results
Attempt 1		
Attempt 2		
Attempt 3		
Attempt 4		

I hereby declare that the information given above is true and accurate to the best of my knowledge.

Student Signature:

Date:

-----Office use -----

Re-sit Recommended Module (if module is changed):

Re-sit Recommended Batch :

Course Director Decision : **Direct Re-sit/Re-sit through lectures**

Course Director Signature **Date:**

