



## APPLICATION FOR RE-SIT/RE-SUBMISSION

**To Administration:**

Attention: \_\_\_\_\_  
(Print Full Name of Teacher)

I wish to apply for a re-sit/ re-submit (encircle) of \_\_\_\_\_ (Full Title of Assessment) for the course \_\_\_\_\_ (Course Code or Course Title) - for the following reason(s):

**IMPORTANT:** Full payment for the re-sit/re-submission must be made concurrently with this application. Please refer to the Student Handbook for the re-sit/re-submission fee rates.

By signing this application, I acknowledge that the fees paid for this re-sit/re-submission shall be forfeited in the event that I do not turn up for the agreed-upon re-sit/re-submission date that will be determined by the school.

Applicant Signature: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ dated: \_\_\_/\_\_\_/\_\_\_

**Approved:**

\_\_\_\_\_ dated: \_\_\_/\_\_\_/\_\_\_  
Teacher's Name (Signature over Printed Name)

The new schedule shall be at \_\_\_\_\_ (time) \_\_\_\_\_ on date: \_\_\_/\_\_\_/\_\_\_

*We all agree to the new schedule indicated above. (All parties must sign below to be effective):*

**Administration:**

**Teacher:**

**Applicant:**

**APPLICATION FOR RE-SIT/RE-SUBMISSION**

**Office Use**

Invoice Amount .....

.....  
Operations Officer

.....  
Date

Payment Received .....

.....  
Operations Officer

.....  
Date