

APPLICATION FOR A RESIT EXAMINATION

Lecturer:..... Student Name:.....
(PRINT) (PRINT)

Faculty:..... Student USI:.....

Course Code & Name:.....

Semester Course Failed:..... Year Course Failed:.....

Date of Failed Examination:

NOTE: A Resit is only applicable when the course has been failed in the current academic year.

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Student's Signature:..... Date:.....

Lecturer's Signature:..... Date:.....

APPROVED NOT APPROVED

If not approved, Reason

.....

Name of Head of Department:..... Date:.....

Signature of Head of Department:..... Date:.....

COPY TO:

- EXAMS DIVISION (Original Form)
- FACULTY OFFICE
- ASSISTANT DEAN

NB: To be eligible for a Resit the student must be a Final Year student who has no more than two (2) fail courses in the current academic year. Exception to the Final Year rule applies ONLY to students in Law, Medicine and Dentistry.

A fee of six thousand dollars (\$6,000.00) is charged for any Resit Examination.

Upon completion of form, present same to the Department Secretary in the General Office within 72 hours of receipt of approved final grade, or e-mail same to
fhs.publichealth@uog.edu.gy / fhs.medtech@uog.edu.gy / fhs.pharmacy@uog.edu.gy /
schoolofmedicine@uog.edu.gy / schoolofdentistry@uog.edu.gy