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FORM SP

REPLACEMENT/SUPPLEMENTARY EXAM FORM

Student's Name : ..... Date : .....

Student ID : ..... Program Code : ..... Semester : .....

I wish to take the following Replacement*/Supplementary* Examination Paper(s) :

		For office use only			
Course Title	**Course Code**	*Approved by : Lecturer's Signature*	*Exam Date*	*Amount Paid*	*Receipt No.*

Student's signature

- Delete whichever is irrelevant.
- The fee is non-refundable, non-transferable
- Please read the Examination Policies.