



**RE-SIT and/or RE-DO APPLICATION FORM**

**Assessment Type:** RE-SIT  RE-DO

**Location:** Kingston  Other

**Please complete the following information:**

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Participant I.D #: \_\_\_\_\_ Contact # (s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Programme: \_\_\_\_\_

Date Programme Completed: \_\_\_\_\_

**Course/Module – (Tick (✓) where appropriate):**

Re-sit	Re-do	
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Organization: \_\_\_\_\_ Contact #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Accounts Unit:**

Receipt Number: \_\_\_\_\_ Total Fee: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registry and Records Management Unit**

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder Telephone Calls and Email made:**

Date	Time	Comments

**FORM-RRM0015-V1**

Original Draft Date: May 1, 2012

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Replaces: V0

Next Review Date: (3 yrs from Issue Date)