

RE-SIT and/or RE-DO APPLICATION FORM

NOTE

1. **ALL** *Completed Re-sit/Re-do Forms are to be submitted **TEN (10) WORKING DAYS** before the Examination or start of the re-do Course
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Assessment Type: RE-SIT: Examination Project Other
 RE-DO
 Location: Kingston

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 #: _____

Training Officer: _____ (If applicable)

Email Address: _____

Applicant's Signature: _____ Date: _____

*** Completed – payment made to the Accounts Unit and Form submitted to the Registry Unit.**

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