

Request to retake a Module and re-sit assessment methods

Student Name:	
ID/Passport No.:	
Course Name:	
Course Start Date:	
Module Title:	
Reason for Retaking:	I failed both the first sit and the re-sit of the module
	I passed the module but want to improve the score
	Other

I declare that ALL of the information provided above is TRUE and CORRECT and that I understand that following approval of my request, and receipt of invoice, I will be in receipt of the submission deadline as well as a new set of questions.

Student signature		Date of application
FOR OFFICE USE ONLY Request approved:	Yes	No
Reason:		
Date of Decision		Signature
		By submitting this form you confirm that you have read and acknowledge 21 Academy's Re-sit Policy