



Request for a assessment method re-sit

Student Name:

ID/Passport No.:

Course Name:

Course Start Date:

Module Title:

Module Lecturer/s:

First Sit Result:

Type of Assessment:

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