



**Request for a first assessment method sitting to be held during a Re-sit session**

**Student Name:**

**ID/Passport No.:**

**Course Name:**

**Course Start Date:**

**Module Title:**

**Module Lecturer:**

**First Sit Assessment  
Due Date:**

**Type of Assessment:**

**Reason for Request:**

- Personal health problems
- Unexpected work commitments
- Family commitments
- Other extenuating circumstances

**If “other extenuating circumstances” was selected above, please specify:**

I declare that ALL of the information provided above is TRUE and CORRECT

\_\_\_\_\_  
**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