

MISSED ASSESSMENT APPLICATION FORM

Please read the general information on missed assessments carefully before completing the form

PERSONAL DETAILS	
Student No	
Programme (e.g BA1)	
Name	
Email	

I REQUEST TO RE-SIT THE FOLLOWING MISSED ASSESSMENT (s) <i>tick as appropriate</i>	
Module code	
In-year Assessment 1	
In-year Assessment 2	
Audio test	
Oral Examination	

GROUNDS FOR YOUR APPLICATION	
Please tick	
<input type="checkbox"/>	Medical (<i>medical certificate must be attached</i>)
<input type="checkbox"/>	Personal (<i>documentation must be attached, e.g letter</i>)
<input type="checkbox"/>	College sporting / cultural activity (<i>documentation must be attached</i>)

Student Signature:

Date:

DECISION BY HEAD OF DEPARTMENT	
Please tick	
<input type="checkbox"/>	New assessment date granted
<input type="checkbox"/>	Application denied. Comment:

Head of Department Signature:

Date: