



Examination & Evaluation Centre
Application for Examinations of Internal (Repeat)
Programs University of Vocational Technology

Course :
Examination - Year & Semester (Repeat) :

- 01. Name in Full :
- 02. National Identity Card No :
- 03. Reg. No./Index No :
- 04. Personal Address :
- 05. Student ID No : E-Mail :
- 06. Telephone No :
- 07. Subjects/ Modules applied for :

No	Subject/Module	CA	End Exam	Medical	Approval of the Lecturer

Please specify whether CA or End Exam is applied or availability of Medicals for repeat exams clearly. (Put a √ in relevant columns)

Date:

.....
Applicant's Signature

Office use only
1. Attendance
2. Course fee
3. Hostel fee
4. Clearance from the Library

The candidate is eligible/not eligible to sit for the Examination.

.....
Course Coordinator

.....
Head - Examination & Evaluation Centre