

Sixth Form Exam Re-sit Request

This form needs to be returned to the Exams Office by **Monday 21st January 2019**. Late requests and incomplete forms will not be accepted without good reason.

Exam Numb	per								
Candidate Name				d Tutor Group					
Contact Tel	ephone Number		Contact	Email Address					
Awarding Body	Qualification Type & Subject	Specification Code	Entry Code		Unit Title	Fee			
						£			
						£			
						£			
						£			
Do you wish to re-certificate your AS (Yes/No)? (Note: this will probably be in exceptional circumstances only)									
By signing this form you are confirming that to the best of your knowledge all details provided above are correct and that you confirm that you will pay any entry fees that are due. Payment can be made either by Parent Pay or cash.									
Candidate Signature: Date:									
Approved b	y Subject Teacher:		Date:						

FOR EXAMS OFFICE USE ONLY							
Date entry received by t							
Payment received	Parent Pay	Cash	Total: £				
Date entry made to awa							