UNIVERSITY COLLEGE OF JAFFNA

Application for Repeat Examination –September /October 2020

FULL NAME	
REGISTRATION NO	
EXAM	**Foundation** ☐ **NVQ L5 Semester I** ☐ **NVQ L5 Semester II** ☐ **NVQ L6 Semester I** ☐ **NVQ L6 Semester II** ☐
DEPARTMENT	
NIC NO	

NO	**MODULE NAME**	**CODE**	**RESULTS OBTAINED**	**IN WHICH ATTEMPT**

STUDENT'S SIGNATURE		**DATE**	

Note:Students who were not eligible for CA should complete those Assessments to be eligible for the repeat exam.