# UNIVERSITY COLLEGE OF JAFFNA

## Application for Repeat Examination –June 2022

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| **FULL NAME** | | |
| **REGISTRATION NO** | | |
| **DEPARTMENT** | | |
| **NIC NO** | | |

| NO | MODULE NAME | CODE | RESULTS OBTAINED | IN WHICH ATTEMPT | LECTURER SIGNATURE & DATE |
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| **STUDENT'S SIGNATURE** | | | **DATE** |

**Course Coordinator: ……..**

**Head of Academics: …….**

**Assistant Registrar: …….**