UNIVERSITY COLLEGE OF JAFFNA

Application for Repeat Examination –June /July 2023

FULL NAME		
REGISTRATION NO		
DEPARTMENT		
NIC NO		

NVQ Level	

NO	**MODULE NAME**	**CODE**	**RESULTS OBTAINED**	**IN WHICH ATTEMPT**	**LECTURER SIGNATURE & DATE**

STUDENT'S SIGNATURE			**DATE**

HOD/ Course Coordinator: ……..