



# UNIVERSITY COLLEGE OF JAFFNA

Application for Repeat Examination –June /July 2023

<b>FULL NAME</b>		
<b>REGISTRATION NO</b>		
<b>DEPARTMENT</b>		
<b>NIC NO</b>		

<b>NVQ Level</b>	
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<b>NO</b>	<b>MODULE NAME</b>	<b>CODE</b>	<b>RESULTS OBTAINED</b>	<b>IN WHICH ATTEMPT</b>	<b>LECTURER SIGNATURE &amp; DATE</b>

<b>STUDENT'S SIGNATURE</b>		<b>DATE</b>
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<b>HOD/ Course Coordinator: .....</b>
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