


CARIBBEAN MARITIME INSTITUTE

	ADMISSIONS AND EXAMINATIONS FORMS	Document No: CMI/ADM/FORM/013	Page 1 of 2
	TITLE: SUPPLEMENTAL EXAMINATION APPLICATION	Revision No.: 00	Revision Date: 1 st January, 2014

SECTION A (PERSONAL INFORMATION - TO BE FILLED IN BY THE STUDENT)

NAME : _____ ID NO: _____

TELEPHONE NO. : _____ EMAIL ADDRESS : _____

PROGRAMME : _____ SEMESTER : _____

SECTION B (REGISTRATION INFORMATION - TO BE FILLED IN BY THE STUDENT)

LIST OF EXAMINATION(S) MISSED AND SEMESTER:

COURSE CODE	CREDIT HRS	COURSE TITLE	SEMESTER

SECTION C (SUPPLEMENTAL INFORMATION - TO BE FILLED IN BY THE STUDENT)

I WOULD LIKE TO SIT THE SUPPLEMENTAL EXAMINATION FOR THE FOLLOWING SUBJECT(S):

COURSE CODE	CREDIT HRS	COURSE TITLE

Declaration

I declare that the information that I have supplied on this form is, to the best of my knowledge, complete and correct further I hereby agree that a fee of \$_____ per subject be imposed on me for supplemental exam.


SIGNATURE: _____ DATE: _____

SECTION D (APPROVAL)

REGISTRAR'S APPROVAL: APPROVED NOT APPROVED SIGNATURE _____

RECEIVED BY: _____ DATE RECEIVED: ___/___/___ DATE ACTIONED: ___/___/___
(Registry personnel)

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PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE APPLYING TO DO THE SUPPLEMENTAL EXAMINATION

A. PROCEDURES

1. SECURE THE APPLICATION FORM FROM THE ADMISSIONS SECTION.
2. COMPLETE THE FORM AND SUBMIT TOGETHER WITH A COPY OF YOUR MOST RECENT REGISTRATION RECEIPT
3. THE RELEVANT FEE (FOR EACH EXAMINATION) MUST ACCOMPANY EVERY APPLICATION. THIS IS PAID AT THE BURSAR'S OFFICE, HERE THE FORM IS STAMPED, AFTER WHICH IT IS TO BE SUBMITTED TO ADMISSIONS OFFICE.
4. APPLICATION SHOULD BE COMPLETED AT LEAST TWO WEEKS BEFORE THE EXAMINATION.

B. ELIGIBILITY FOR SUPPLEMENTAL EXAMINATION

1. ONLY STUDENTS WHO DID NOT SIT THE EXAMINATION BEFORE WILL BE ALLOWED TO DO A SUPPLEMENTAL EXAMINATION
2. STUDENTS WHO HAVE RECEIVED PERMISSION FOR ABSENCE FROM AN EXAMINATION MAY BE EXEMPTED FROM PAYMENT OF FEES.

NOTES

1. ONLY COMPLETED AND APPROVED APPLICATION WILL BE PROCESSED BY ADMISSIONS AND RECORDS OFFICE.
2. PLEASE MAKE A COPY OF THIS COMPLETED FORM FOR YOUR OWN RECORD.