



CATHOLIC COLLEGE OF MANDEVILLE

Fulfilling dreams and aspirations through Education

Chancellor: Most Rev. John D. Persaud D.D.
Chairman: Joseph Raymond Pereira
President: Dianna Davis Smith, PhD, M.B.A.

EXAMINATION RE-SIT FORM

Name: _____ I.D.#: _____

Cell # _____ E-mail _____

Programme: Bachelor of Education (Early Childhood) _____ (Primary) _____

Course for Resit: _____

Semester when course was completed: *September-December* *January-May* *Summer*

Name of Lecturer: _____

Reason for Resit: _____

Course Work Grade _____ Student's Signature: _____

Outstanding Re-Sit Examinations _____

_____ Date _____

FOR OFFICE USE ONLY

All Financial obligations to school met: Yes No

Re-sit Payment Received Yes No

Finance Officer _____ Date: _____

Registrar _____ Resit Approved by: _____

Re-Sit Date: _____ Modality _____

Re-Sit Exam Grade _____ (Maximum B) Final Course Grade _____