REASSESSMENT APPLICATION FORM
ALP and IDL Students
(For December/Spring examination diet during academic year 2020/21)

Personal Details

First name(s): ____________________________  Family Name: ____________________________

ID Number: ____________________________  Daytime Contact Number: ____________________________

Programme and Year: ____________________________  Programme Code: ____________________________

Examination Details

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Title of Course</th>
<th>Fee £35.00 per course*</th>
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* If you have presented a medical certificate for any assessment(s), no fee is required for the corresponding re-assessment(s). Enter ‘MC’ in the column headed ‘Fee’.

Declaration

I understand that I am required to abide by the regulations of the University and to conform to its discipline procedures.

Signature ____________________________  Date ____________________________

Method of Payment (Payment can also be made by cheque or postal order)
Payment can be made by contacting the Student Service Centre by 7 December 2020:
Email: studentcentre@hw.ac.uk