

## APPLICATION FOR RE-EXAMINATION

**Instructions:**

1. Participants are to complete all fields in Section A and B and return form with payment to the PSB Academy before the closing date.
2. Participants will be required to do a re-enrolment if they fail to apply or turn up for a re-examination.
3. Fees are inclusive of 7% GST
4. All payments via mail must be made by cheque or cashier's /money order. Cheque must be crossed and made payable to "PSB Academy Pte Ltd". NETS & Credit Card payment facilities are available at PSB Academy @ Delta Campus.
5. Re-examination fees are non-refundable and non-transferable.
6. For easy verification of Cheque or Cashier's/Money order, please write your Name, NRIC/Passport no. & Cohort No at the back of your cheque.

**FOR OFFICIAL USE**

Date rec'd: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Student Top Up

APP. No.: \_\_\_\_\_

Rec'd by : \_\_\_\_\_

### SECTION A: DETAILS OF RE-EXAMINATION

- Advanced Diploma [\$80.25]    
  Diploma / Life Sciences Foundation / CSULB GE / UON Foundation / UOW Foundation [\$64.20]    
  Certificate / Foundation Course for Diploma in Engineering [\$48.15]

Programme Title	
Module Title	
Closing Date For Application	

### SECTION B: STUDENT'S PARTICULARS (\*Please delete accordingly)

Name		*NRIC / FIN / Passport No.
Address		Contact no.
		Email address
*Cheque/Money Order No	Bank	Amount
_____ Signature of Student		_____ Date

### SECTION C (FOR OFFICIAL USE ONLY): ACKNOWLEDGEMENT

We are pleased to inform you that your application for re-examination is acknowledged and successful. **Please be reminded that you will be required to do a module re-enrolment if you fail to turn up for the following re-examination :-**

Exam Schedule		Cohort	
Date	Time	<input type="checkbox"/> 9.30am – 12.30pm <input type="checkbox"/> 2 pm – 5 pm <input type="checkbox"/> 7 pm – 10 pm	
Venue	<input type="checkbox"/> PSB Academy @ Delta Campus <input type="checkbox"/> PSB Academy @ Henderson Campus		
Remarks			

**Please be at least 15 minutes earlier during your examination to check for the classroom**

_____ Approving Officer's Name & Signature	_____ Date
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NB: All information provided are treated with strictest confidentiality and are meant for internal use only.