

APPLICATION FOR RE EXAMINATION

<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 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. For Re-examination fees amount, please refer to student contract Schedule C- Miscellaneous Fees. Fees are inclusive of 9% GST. 4. All payments via mail must be made by cheque or cashier's order. Cheque must be crossed and made payable to "PSB Academy Pte Ltd". NETS & Credit Card payment facilities are available at PSBA Campuses 5. Re-examination fees are non-refundable and non-transferable. 6. For easy verification of Cheque or Cashier's order, please write your Name, NRIC/Passport no. & Cohort No at the back of your cheque. 7. For verification purpose, please print out a copy of the exam results and bring along for the payment. 	<p>FOR OFFICIAL USE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Date Rec'd</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;">Receipt No</td> <td></td> </tr> <tr> <td style="padding: 5px;">Student Top Up App No.</td> <td></td> </tr> <tr> <td style="padding: 5px;">Rec'd By</td> <td></td> </tr> </table>	Date Rec'd		Receipt No		Student Top Up App No.		Rec'd By	
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Rec'd By									

SECTION A: DETAILS OF RE-EXAMINATION	
Course Title	
Module Title	
Closing Date For Application	

SECTION B: STUDENT'S PARTICULARS <i>(*Please delete accordingly)</i>		
Name	*NRIC / FIN No. (Last 3 digits & letter)	
Email Address	Contact No.	
*Cheque / Cashier's Order no.	Bank	Amount
_____	_____	_____
Signature of Student	Date	

FOR OFFICIAL USE - ACKNOWLEDGEMENT					
<p>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 re-module if you fail to turn up for the following re-examination.</p>					
Exam Schedule				Cohort	
Date	Time	<input type="checkbox"/> 9.30am – 12.30pm	<input type="checkbox"/> 2pm – 5pm	<input type="checkbox"/> 7pm – 10pm	
Venue	<input type="checkbox"/> PSB Academy City Campus: Main Wing		<input type="checkbox"/> PSB Academy City Campus: STEM Wing		
Remarks					
Please be at least 15 minutes earlier during your examination to check for the classroom					
_____			_____		
Approving Officer's Name & Signature			Date		

NB: All information provided are treated with strictest confidentiality and are meant for internal use only.