



Elite Education Institute

EXAM RE-SIT REQUEST FORM

CRICOS Provider Code: 03390A

SECTION 1: PERSONAL DETAILS

Family Name:	Given Name:	Student ID:
Date of Birth:	Email:	Mobile:
Australian Address:		

SECTION 2: PROGRAM DETAILS

Program Name:	Start Date:
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SECTION 3: EXAM DETAILS

Course Code:	Course Name	Office Use Only	
		Program Authority: Approved	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Writing statement from students explaining why special consideration is sought:

- Attached documentary evidence (e.g. medical certificate)**
- Must be Stamped Must include the start/end date of the medical condition
- Must include the date of consultation Must include the period covered by the medical certificate

SECTION 4: ENDORSEMENT

I have read and understood the guidelines and advice on this form. I certify that all information is correct.

Student Signature: _____

Date: _____

Exam re-sit form not signed by the student cannot be accepted.

SECTION 5: RESIT EXAMINATION PAYMENT (AUD\$250.00)

Payment may be made direct to:

Account Name: ELITEEDUCATIONINSTITUTE

BSB Number: 062 010

AccountNumber:10786570

Swift Code: CTBAAU2S

Accounts Signature: _____

Please note: Exam cannot be re-sit till your payment is been confirmed

SECTION 6: FINAL DECISION BY ACADEMIC DEPARTMENT

Confirmed <input type="checkbox"/>	To be confirmed <input type="checkbox"/>	Comments
Academics Signature: Name: _____ Signature: _____ Date: _____		
Please note: Exam cannot be re-sit without the above signature		