



# EXCELSIOR COMMUNITY COLLEGE

"Transforming Lives, Nurturing Global Citizens"

## MISSED EXAMINATION FORM

(To be completed when a student misses a final examination and wants to do the examination at the next available sitting within the academic year.)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student's ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Department/School: \_\_\_\_\_

Tel. No.: (C): \_\_\_\_\_ (W): \_\_\_\_\_ (H): \_\_\_\_\_

**ECC** Email address: \_\_\_\_\_

Programme: Certificate  Diploma  Associate  Bachelor's  Post Graduate  Masters

Other

Year Group: One  Two  Three  Four

Mode of Study: Day  Evening  Weekend  Modular

Missed Exam(s): \_\_\_\_\_ Date Exam was held \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

Provide reason(s) for missing the examination(s):

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Students who missed an examination because of non-compliance with tuition fees must be considered by the Student Finance Office;
- Students who missed an examination because of illness must present a medical report/letter to the College Nurse at the Health and Wellness Centre;
- Students who missed an examination due to traumatic situations or severe social and emotional issues must be considered by the College Counsellor;
- Students who did not receive approval for sitting a missed exam(s) will be required to pay the re-sit fee of \$7,500.00 for **each** examination missed. The Re-sit Forms are available at the Student Affairs Office and online;
- The completed Missed Examination Form must be returned to the Student Affairs Office within 15 days after the date of the examination. Requests submitted after 15 days will be recommended for Redo.**

**This section is to be completed by the personnel conducting the review (below as applicable) prior to submission to the Registry.**

<input type="checkbox"/> College Nurse <input type="checkbox"/> Guidance Counsellor <b>OR</b> <input type="checkbox"/> Student Finance Office  Name: _____  Signature: _____	<b>DEPT STAMP</b>
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Date: \_\_\_\_\_

**FOR INTERNAL USE**

Received by (Student Affairs Personnel) \_\_\_\_\_

Date \_\_\_\_\_

**HEAD OF SCHOOL SECTION**

Recommendation

Seek Academic Advisement from the Head of School before commencement of Semester \_\_\_\_\_

Liaise with the Assessment Services Unit (Exams) for the new sitting of the missed course(s) .

Other \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REGISTRAR SECTION**

Request Approved:       Apply Course Work Grade       Request Denied

Registrar's Comments :

\_\_\_\_\_  
\_\_\_\_\_

Registrar's Signature \_\_\_\_\_

Date \_\_\_\_\_

**N.B. Student must redo the course if request is denied.**

**FOR ASSESSMENT SERVICES USE**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_