

REQUEST FOR SUPPLEMENTARY TUTORIAL FORM

IMPORTANT:

Please read the terms and conditions before completing this form. Students MUST acknowledge payment and submission by signing this form as required below.

BATCH NO. /		SUBMISSION DEADLINE: At least 2 weeks before date of Supplementary Exam	
FIIII	NAME:	CONTACT NO(s):	
1 OLL	INAIVIE.		
STUD (SID):	DENT ID	E-MAIL:	
*Plea	ase indicate all information clearly		
	SUPPLEMENTARY PAPERS	CURRI EMENTARY EVAM RATEO	
S/N	(Module Title)	SUPPLEMENTARY EXAM DATES	
1.			
2.			
3.			
4.			
For (Official Use Only		
* Plea	ase delete whichever is inapplicable	Supplementary Tutorial Payment Details	
	Receipt Number:		
	Date of Payment:		
	Total Amount Paid:		
	Paid via Cash / Cheque / Nets / Visa*		
R	eceived by (MDIS Staff) Name & Signature:		
1. 2. 3. 4. 5. 6. 7.	Per module fee (including GST) for the supplementary tutorials. Per module fee (including GST) for the supplementary tutorials. Per module fee (including GST) for the supplementary tutorials. Please note that there will be no refund or tutorial(s).	ee Programmes tality's Practical Component ent must be by the given deadline. Late submissions will not be will not be processed. If Supplementary Exam when submitting their request for the least 1 week prior to the date(s) of the supplementary note payment is made or if student missed the supplementary ledgement and confirm the schedule for the supplementary and payment.	
	Signature of Student	 Date	