



UNIVERSITY OF GUYANA  
OFFICE OF THE REGISTRAR  
EXAMINATIONS DIVISION  
222-4920/620-0016

APPLICATION FOR A RESIT EXAMINATION

Name of Lecturer	
Name of Student	
Student USI	
Faculty/School	
Course Code & Name	
Semester	Semester I <input type="checkbox"/> Semester II <input type="checkbox"/> Semester III <input type="checkbox"/> Annual <input type="checkbox"/>
Academic Year Course Failed	<i>e.g.: 2019/2020</i>

**NOTE: A Resit is only applicable when the course has been failed in the current academic year.**

**Comments (if any)**

Student's Signature:.....

Date:.....  
YYYY/MM/DD

Lecturer's Signature:.....

Date:.....  
YYYY/MM/DD

**To be completed by Head of Department**

APPROVED

NOT APPROVED

Reason (s):

Name of Head of Department:.....

Date:.....  
YYYY/MM/DD

Signature of Head of Department:.....

Date:.....  
YYYY/MM/DD



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**A copy of the form should be sent to:**

- **EXAMS DIVISION (Original Form)**
- **FACULTY OFFICE**
- **ASSISTANT DEAN**

**NB: To be eligible for a Resit the student must be a Final Year student who has no more than two (2) fail courses in the current academic year. Exception to the Final Year rule applies ONLY to students in Law, Medicine and Dentistry.**

**A fee of six thousand dollars (\$6,000.00) is charged for a Resit Examination. A fee of twelve thousand (\$12000.00) is charged for Resit as an upgrade (Please see University Regulations). Kindly make payments to Republic Bank Account No. 962956880181 and attach an electronic copy of your receipt to the form when submitted.**

**Before making any payments, kindly check with your Head of Department or Assistant Dean to ensure that you are eligible to sit the examinations.**

**Completed electronic forms should be sent to your Faculty for requisite signatures and then onward submission to the Examinations Division.**