

REQUEST FOR ATTEMPTING REPEAT UNIT WITHOUT ATTENDANCE.

I, _____, ID number _____ confirm that I am requesting to repeat the following Unit without attendance subject to the conditions set out by the Institute and as per applicable College Programme Regulations.

To be filled in by Student		
Title of Qualification		
MQF Level		
Title of Unit requested to be repeated without attendance		
Unit Code		
To be repeated during academic year	20__ / 20__	
<i>I confirm that I will abide by any conditions set out by the Institute and as per College Programme Regulations as regards the repeating of unit with attendance. Failure to do so may result in the failing of the Unit.</i>		
Name of Student	Signature of Student	Date signed

To be filled in by Institute Director / Deputy Director	
Student's attendance is greater than 80% for unit under consideration	
Special conditions to be fulfilled by student:	

Name of Director / Deputy Director	Signature of Director / Deputy Director	Date signed

Note : Copy of the filled-in and signed Form is to be provided to the student and a scan sent by email to registar@mcast.edu.mt