**SUPPLEMENTARY EXAMINATION REQUEST FORM**

Application for  
Mid-Sem Exam [ ]  
Sem-End Exam [ ]

(Tick "X" appropriately)

Name  
ID Number  
Intake  
Program  
Semester  

**Name of the Subjets**

<table>
<thead>
<tr>
<th>SN</th>
<th>Subject Code</th>
<th>Subject Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason (Please attach the supportive documents)  
_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

**Comments (If Any)**  
_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Signature  

---

**For Office Use Only.**

The request for the above said supplementary examination is:  
Approved [ ]  
Not Approved [ ]

(Tick appropriately)

If Not Approved, reason:  
_________________________________________________________________________

_________________________________________________________________________

Director of Studies:  
Date approved:  

---

INTERNATIONAL TRAINING INSTITUTE  
Quality and Affordable Education for Your Future  
Section 140, Lot 2 & 3 Scratchley Road, Badili, Port Moresby  
P.O.Box 6322, Boroko, National Capital District. PAPUA NEW GUINEA