



INTERNATIONAL TRAINING INSTITUTE

Quality and Affordable Education for Your Future

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SUPPLEMENTARY EXAMINATION REQUEST FORM

Application for
(Tick "X" appropriately)

Mid-Sem Exam

Sem-End Exam

Name _____

ID Number _____ Program _____

Intake _____ Semester _____

Name of the Subjects

SN	Subject Code	Subject Name
1.		
2.		
3.		
4.		
5.		

Reason (Please attach the supportive documents) _____

Comments (If Any) _____

Signature _____

For Office Use Only.

The request for the above said supplementary examination is: Approved
(Tick appropriately) Not Approved

If Not Approved, reason: _____

Director of Studies: _____ Date approved: _____