

ASSUMPTION COLLEGE AUTONOMOUS

REQUEST FOR RETEST OF INTERNAL EXAMINATION

Name of Student :

Department :

Semester :

Roll No :

Details of Exam Missed:

First/ Second Internal Exam :

Month and Year of the Exam :

Course Code :

Title of Course :

Reason for Absence:

My daughter/ward was unable to write the internal exam on/...../.....
due to.....Kindly allow my daughter
/ward to write a retest for the missed exam. I understand that if she fails to attend the retest on
the stipulated date, she will not get another chance.

Signature of Parent/ Guardian:

Teacher in charge / Head of Applicant's Department:

Teacher in charge of Retest:

NB: In case of medical reason, medical certificate should be attached.

(Teacher in charge of retest has to file this document in their department.)