GLOBAL SCHOOL OF TECHNOLOGY & MANAGEMENT PTE LTD

420 North Bridge Road, North Bridge Centre,
#02-06, Singapore 188727
Tel: (65) 64239580/90
Website: www.gstm.edu.sg and Email: info@gstm.edu.sg

REASSESSMENT APPLICATION FORM

INSTRUCTIONS:

1. **This form is to be completed by student requesting for re-sit and/or re-module and to be returned the form with payment before the closing date. Incomplete application form will not be processed.**
2. **Re-sit and/or Re-module fees are non-refundable. Details of the Fees**
   - **Resit for Examination / Coursework:**
     - ☐ Level 3, 4 or 5: $107.00 per module
     - ☐ **Level 6 programme: $ 428 per module**
   - **Re-module:**
     - ☐ **Level 3: $481.50 per module**
     - ☐ Level 4: $642.00 per module
     - ☐ Level 5: $856.00 per module
     - ☐ **Level 6: $3,477.50 for Honours Research Project**
     - **(All fees are inclusive of 7% GST)**

All information provided are treated with strictest confidentiality and are meant for internal use only.

Section A: Student Particulars			
Name of Student:	**Student ID**	**Intake:**	**Contact No.:**
Programme Name:		**Email Address:**	

Section B: Reassessment Details			
No	**Module Code and Name**	**Resit / Re-module**	**Amount ($)**
1			
2			
3			
4			
5			
		Total Fees Payable	**$**

Note: All Fees are inclusive of 7% GST

_____   _____
Signature of Applicant   **Date**

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Payment Amount: _____ **Receipt No:** _____ **Date of Payment:** _____

Name and Signature of Staff process the application: _____

SECTION A: ACTIONS TO BE TAKEN BY EXAMINATION DEPARTMENT

Name of Staff to receive the record: _____

No	Module Code and Name	Resit / Re-module	Proposed Date/ Duration	Approved/ Disapproved by Head of Academic
1				
2				
3				
4				
5				

_____   _____
       Signature of Head of Academic   Date

SECTION B: ACTION TO BE TAKEN BY STUDENT SERVICES DEPARTMENT

Name of staff to update the student record: _____

Checklist:
- ☐ Contact / Email Student for the Resit and / or Re-module Date
- ☐ Issuance of Notification Letter to Student (If applicable)
- ☐ Others, please specify:

_____
_____

_____   _____
       Signature of Staff   Date