

**APPLICATION FOR A SUPPLEMENTAL EXAMINATION**

Lecturer Name:..... Student Name:.....  
(PRINT) (PRINT)

Faculty:..... Student USI:.....

Course Code & Name:.....

Semester:..... Year:.....

Date of Missed Examination: .....

**Reason for absence from the Final Examination (Documentation required):**

.....  
.....  
.....

Student's Signature:..... Date:.....

Lecturer's Signature:..... Date:.....

APPROVED       NOT APPROVED

If not approved, Reason

.....

Name of Head of Department:..... Date:.....

Signature of Head of Department:..... Date:.....

**COPY TO:**

- EXAMS DIVISION (Original Form)
- FACULTY OFFICE
- ASSISTANT DEAN

**NB: To be eligible for a Supplemental the student must have been fully registered for the course and must provide plausible/documentary evidence for his/her absence from the examination. A Supplemental is ONLY applicable to Final Examinations. A fee of five thousand dollars (\$5,000.00) is charged for any Supplemental Examination.**

Upon completion of form, present same to the Department Secretary in the General Office within 72 hours of the missed examination, or e-mail same to fhs.publichealth@uog.edu.gy / fhs.medtech@uog.edu.gy / fhs.pharmacy@uog.edu.gy / schoolofmedicine@uog.edu.gy / schoolofdentistry@uog.edu.gy