



UNIVERSITY OF GUYANA
OFFICE OF THE REGISTRAR
EXAMINATIONS DIVISION
 222-4920/620-0016

APPLICATION FOR A SUPPLEMENTAL EXAMINATION

Name of Lecturer	
Name of Student	
Student USI	
Faculty/School	
Course Code & Name	
Semester	Semester I <input type="checkbox"/> Semester II <input type="checkbox"/> Semester III <input type="checkbox"/> Annual <input type="checkbox"/>
Academic Year	<i>e.g.: 2019/2020</i>

Reason for absence from the Final Examination: (supporting documentation required)

Student's Signature:.....

Date:.....
 YYYY/MM/DD

Lecturer's Signature:.....

Date:.....
 YYYY/MM/DD

To be completed by the Head of Department

APPROVED NOT APPROVED

Reason(s):

Name of Head of Department:.....

Date:.....
 YYYY/MM/DD

Signature of Head of Department:.....

Date:.....
 YYYY/MM/DD



UNIVERSITY OF GUYANA
OFFICE OF THE REGISTRAR
EXAMINATIONS DIVISION
222-4920/620-0016

A copy of the form should be sent 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. Kindly make payments to Republic Bank Account No. 962956880181 and attach an electronic copy of your receipt to the form when submitted.

Before making any payments, kindly check with your Head of Department or Assistant Dean to ensure that you are eligible to sit the examinations.

Completed electronic forms should be sent to your Faculty for requisite signatures and then onward submission to the Examinations Division.