



JAMAICA THEOLOGICAL SEMINARY
Office of the Registrar

14 – 18 West Avenue, Kingston 8 Phone: (876)969-8211/8803/ Fax (876) 925-9129
Email: registry@jts.edu.jm or jtsregistry@gmail.com

APPLICATION FOR SUPPLEMENTAL EXAMINATIONS

This form **must be carefully completed** and submitted to the Office of the Registrar on or before the date specified in public notices.

Supplemental examinations are prepared for students who (FOR VALID REASONS ONLY) were unable to sit initial examination(s). **THIS FORM IS NOT TO BE COMPLETED BY STUDENTS WHO WISH TO RESIT AN EXAMINATION(S)**

APPLICANT MUST PROVIDE THE CHIEF INVIGILATOR WITH NECESSARY AUTHORIZATION PASSES TO BE ALLOWED TO SIT SUPPLEMENTAL EXAMINATION(S)

NAME _____ (Last) _____ (First) _____ (Mid. Initials)
ADDRESS _____
CONTACT # _____ (H) _____ (Wk) _____ (Cell)
E-MAIL _____
PROGRAMME _____ EMPHASIS/MINOR _____
STUDENT ID# _____ DATE OF ADMISSION _____ (MTH) _____ (YR)

IN THE TABLE BELOW PLEASE PROVIDE INFORMATION ON SUPPLEMENTAL EXAMINATION(S) TO BE DONE:

COURSE NAME	LECTURER	SEMESTER/TERM & YR COURSE WAS DONE	DAY/ EVE	REGISTRY PURPOSES ONLY

In the spaces provided applicant **MUST** state reason(s) and provide supporting documents (where necessary) to indicate why initial examination(s) was/were not done.

When do you intend to sit supplemental exam(s)? _____ (Mth) _____ (Yr)

DATE OF SUBMISSION _____ APPLICANT'S SIGNATURE _____