



JAMAICA THEOLOGICAL SEMINARY
Office of the Registrar

14-18 West Avenue, Kingston 8, Phone: (876) 969-8211; 969-8803 / Fax: (876) 925-9129
 email:registry@jts.edu.jm

APPLICATION TO RESIT EXAMINATIONS

This form must be completed and **taken** to the Accounts Department with the appropriate fee. After payment, the form should then be taken to the Registrar's Office.

The fee for resitting examinations is determined by the Accounts Department and reviewed from time to time.

Students will NOT be permitted to resit examinations unless the appropriate fee has been paid and the application form received by the Registrar's Department.

Please complete in BLOCK CAPITALS

Student ID #- _____

Surname: _____ First name: _____

Address: _____

Cell #: _____ Other #: _____ E-mail: _____

Programme: _____

Exam/s to be re-sat	Semester and Year Course/s Taken	Lecturer/s

Fee Enclosed _____ Application Date _____

ACCOUNTS DEPARTMENT ONLY
Approved by (signature): _____
Receipt No.: _____
REGISTRAR'S OFFICE ONLY
Received by (signature): _____
Date received: _____