Re-sit Form

Please check with the Exams Office for a full list of re-sit fees, including consortium courses before you complete or hand in your form.

BOARD	SUBJECT	UNIT NAME	ELEMENT CODE	LEVEL	FEE

Cheques should be payable to Goffs School.

Candidate Name: …….. Candidate Number: ……..

Candidate Signature: ……..…….. Date: ……..

(Office Use Only)		
Fee Paid: …..……	Charge Dept:…..……	Teachers Signature: ……..…..……

PLEASE CHECK WITH THE EXAMS OFFICER FOR DEADLINES / FEES. REQUESTS MADE AFTER THE DEADLINE MAY NOT BE ACCEPTED.