



Resit clearance form - To be endorsed by the Faculty Office

Faculty:	Course:
Student Name & Surname:	ID:

I declare that the above-mentioned student is required to resit the following study-unit/s in the September supplementary session. Should he/she fail the unit/s and not be eligible to be progressed conditionally or redo the unit/s in an additional year, the student will be required to terminate the International Exchange Programme and return to Malta.

Study-Unit Code	Study-Unit Title	Number of ECTS Credits	Semester (1/2/Full Year)	Attempt number in September	Result Published Y/N

Home Faculty Officer's signature

Date

To be signed by the student:

I understand the above condition and declare that I will abide by it.

Student's signature

Date