



## POSTGRADUATE RE-SIT REQUEST FORM

### I. Student Details

Student Name : \_\_\_\_\_ Student ID No : \_\_\_\_\_  
UKH Email : \_\_\_\_\_ Mobile No : \_\_\_\_\_

### II. Re-sit Request Details

Current Degree Programme : \_\_\_\_\_

Module Code	Module Title	Semester

Student's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

### IV. Academic Registrar's Recommendation

Student's Average : \_\_\_\_\_

Approved  Rejected

Conditions of Approval :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registrar : \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

### For Official Use Only

Received by ARO Staff : \_\_\_\_\_ Date : \_\_\_\_\_

Office of the Academic Registrar / Mobile: +964 750 857 8844 - 33 / Email: registry@ukh.edu.krd