

Student Services Centre

Examinations Team

Student Services Centre, Burlington Street
The University of Manchester, Oxford Road,
Manchester M13 9PL
Telephone 0161 275 5000 (Option 3)
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Resit Examination Payment Form

BLOCK CAPITALS PLEASE

Full Name: _____

Registration Number:

Degree Programme: _____

Year of study: _____

School: _____

Please tick one of these statements:

1. I enclose a cheque for the sum of £75.00 to cover my resit fee for the August 2009 examination period.
2. I have given permission to take all my examinations as a first sit and am therefore exempt from the fee.
3. I am not taking any examinations.

Signature: _____

Date: _____

For office use: Cheque received/ receipt number - _____