

SOCIALIST REPUBLIC OF VIETNAM

Independence – Freedom – Happiness

EXAM RETAKE APPLICATION

Semester: School Year: 20.....-20.....

- To:** - Chancellor of the Saigon International University;
- Academic Office;
- Dean of School of

Full name (*capital letters*): Date of birth:

Student ID number: Major: Class:

Pursuant to Academic Regulations, I am submitting this application to ask for permission to retake the final exam of:

Class code: Previous exam result:

I agree to cancel the previous exam result and take the result of this exam.

Ho Chi Minh City, / / 20.....

APPLICANT

(Sign and write down full name)