

Academy of Chinese Culture and Health Sciences
Retake Exam Application Form (補考申請表)

Student Name 學生姓名: _____ **Class** 班級: _____

Which exam do you need to retake ? 你要補考哪些科目?

Course Name	Course #	Instructor	Retake Exam Date & Time

Fee: \$50.00 / 4 Units

\$40.00 / 3 Units

\$30.00 / 2 or 1 Unit(s)

Total : _____

Student Signature: _____ **Date:** _____

For Office Use Only 教務專用

Application Approved

Application Denied

Note : _____

Date : _____ Paid : _____ CK#: _____ Rept #: _____