**REQUEST FOR ATTEMPTING REPEAT UNIT WITHOUT ATTENDANCE.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_confirm that I am requesting to repeat the following Unit without attendance subject to the conditions set out by the Institute and as per applicable College Programme Regulations.

|  |  |  |  |
| --- | --- | --- | --- |
| **To be filled in by Student** | | | |
| **Title of Qualification** |  | | |
| **MQF Level** |  | | |
| **Title of Unit requested to be repeated without attendance** |  | | |
| **Unit Code** |  | | |
| **To be repeated during academic year** | 20\_\_ / 20\_\_ | | |
| ***I confirm that I will abide by any conditions set out by the Institute and as per College Programme Regulations as regards the repeating of unit without attendance. Failure to do so may result in the failing of the Unit.*** | | | |
| **Name of Student** | | **Signature of Student** | **Date signed** |
|  | |  |  |

|  |  |
| --- | --- |
| **To be filled in by Institute Director / Deputy Director** | |
| Student’s attendance is greater than 70% for unit under consideration |  |
| Unit under consideration is not a 'vocational competence' and does not have more than 12 ECTS. |  |
| Special conditions to be fulfilled by student: | |

|  |  |  |
| --- | --- | --- |
| **Approval** | | |
| **Name of Director / Deputy Director** | **Signature of Director / Deputy Director** | **Date signed/ approved** |
|  |  |  |

***Note 1:*** *Copy of the filled-in and signed Form is to be provided to the student and a scan sent by the Institute Administration by email to* [*registar@mcast.edu.mt*](mailto:registar@mcast.edu.mt)*. Unless this Form is sent by email to the Office of the Registrar, the student will not be formally registered to repeat unit without attendance.*