 **Referral Form** 

This form must be completed in full if you have referral in your units for any levels. You are suggested to attach the screenshot of your e-vision result which should show your referral units.

**Student Details**

**Forename Surname**

**Course Student number**

**Telephone number Email address**

**Referral Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **UNIT CODE** | **ASSESSMENT TYPE**  Eg Exam, in-class test, dissertation, assignment | **ASSESSMENT NUMBER FOR THIS ASSESSMENT**  Eg 1 or 2 | **Last Submitted**  **Date** | **CURRENT DUE DATE** |
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**Declaration**

By signing this form, you are confirming that you have given the correct information regarding your referral/s. If you are submitting your form electronically, please put a cross in the box to confirm:

Signature of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist**

Have you signed and dated the form (or put a cross in the box if submitting electronically)?

Have you discussed attached the e-vision screenshot with this form?

Have you made the payment for the referrals as per the policy?

**Please submit your completed form to the Student Support at your campus. Alternatively, if you are not able to come to college due to any reason, you can email to arju.sitaula@patancollege.edu.np**

**For Office Use Only**

Account Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referrals Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notification to respective faculty done: Yes / No

Notification sent by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_