



Atlantic Technological University
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Name:			
Student ID No.:			
Address:			
		Mobile No.:	
Program:		Class (year):	

Enter the Repeat Module Information below as displayed in Web for Student:

CRN	Subject Code	Course Title (Subject Title)
(e.g. 40841)	(e.g. ACCT07009)	(e.g. ACCOUNTING)

Signed:

Date:

IMPORTANT NOTICE

Return to: ATU Examinations Office by 7th of July 2023 by email to examsoffice.galway@atu.ie .

Note: Incomplete forms will be returned to you; ensure you complete all sections.

The information on this form will be used only in accordance with data protection legislation and **ATU Student Privacy Notice**

THIS FORM IS TO BE USED IF REGISTERING TO SIT EXAMS ONLY. IF YOU WISH TO ATTEND CLASSES, PLEASE FILL OUT THE REPEAT ATTEND FORM