

CCE



South Baylo University

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FOR OFFICE USE ONLY

RECEIPT # _____

DATE _____

BY _____

CCE RETAKE EXAM FORM

CCE I

CCE II

■ **STUDENT NAME** _____
Last First Middle

■ **STUDENT ID #** _____ ■ **EXAM DATE** _____

■ **PLEASE MARK ONE.**

2nd Attempt

3rd Attempt*

4th Attempt or more*

* Students who must retake exam for the 3rd time or more, they must submit this form to sign up for the next scheduled CCE I or II at the CCE Office.

■ **PLEASE MARK WHICH SECTION YOU NEED TO RETAKE.**

ALL

ACUPUNCTURE

HERBOLOGY

OM THEORY

WESTERN SCIENCE

CLINICAL PRACTICE (CCEII ONLY)

■ **FEES:**

3rd Attempt: \$100.00

4th Attempt: \$150.00

5th Attempt: \$200.00

■ **SPECIAL REMARK:** _____

Student Signature: _____ Date: _____