B.H.M.S.
Business & Hotel Management School

Resit Registration Form

PLEASE SUBMIT YOUR RESIT REGISTRATION FORM TO THE ACADEMIC OFFICE TO REGISTER: NO FORM = NO RESIT!

RESIT EXAMS WILL ONLY BE HELD ON A SPECIFIED DAY IN EACH TERM BREAK WEEK. PLEASE CHECK eCAMPUS, OR CONTACT THE ACADEMIC DEAN OR THE ACADEMIC OFFICE TO CONFIRM THESE DATES AND TIMES. THIS APPLIES TO ALL EXAMS.

RESITS FOR PRESENTATIONS AND ASSIGNMENTS WILL BE ASSIGNED A DEADLINE AND SUBMISSION METHOD INDIVIDUALLY.

Instructions:

1. Students must complete the sections below.
2. A fee of **CHF 100.-** is charged by the school for each resit assessment with the exception of MSc International Hospitality Business Management/Global Business Management **Final Project** which is charged **CHF 400.-**. This can be paid to the **Student Finance Office at CityCampus**, who will sign to confirm the fee has been paid.
3. **Submit the form to the Academic Office (academic@bhms.ch) or the Course Leaders (for MSc and MBA programs)** to register for the date/term/cohort on which you wish to take the resit exam/assessment. ***Forms must be submitted by week 4 of the term prior to when you will take the resit***.

Student Name:	**BHMS Number:**
Student email address:	**RGU / Cohort Number:**
Programme of Study (please tick):	
☐ Diploma/Higher Diploma in Hospitality Management	☐ BA Hotel & Hospitality Management
☐ Diploma/Advanced Diploma in Culinary Arts	☐ BA Global Business Management
☐ Postgraduate Diploma in Hospitality Management	☐ BA Culinary Arts
☐ Postgraduate Diploma in Culinary Arts	☐ MSc Int. Hospitality Business Management
☐ Graduate Certificate Int. Hospitality Business Management	☐ MSc Global Business Management
	☐ MBA Global / Hospitality Management

Resit Courses

Course Code	Course Name	Lecturer	Type of assessment (exam, report etc)	Date/Term of resit*

** Specify the resit date from those advertised for exams OR the term/cohort during which you will complete an assignment resit*

Resit Fee Due:	CHF

Student Signature of acknowledgement of fee due: _____

For Office Use Only:

Resit Fee Paid	CHF	Date:

Staff Signature & stamp: _____ PRINT name: _____