Triumphant College

EDUCATE FOR EMPOWERMENT

Est. 2006

SUPPLIMENTARY/SECOND OPPORTUNITY APPLICATION FORM 2026

Student Name_____
ID Number _____

Student Number _____
Cellphone number _____
Level _____ Academic year _____

NO.	SUBJECT: SUPPLEMENTARY	Exam Fee:(N$)	NO.	SUBJECT: SECOND OPPORTUNITY
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	

Sudent Signature_____ Date ___/___ /___

FOR OFFICIAL USE ONLY

Approved/ Not Approved by …….. Signature……

Date Approved……

CASHIER
Approved by……..
Date approved……..Signature…….

DUE DATE: 25 AUG 2026 email: supplementary@triumphant.edu.na