

EXAMINATION CLASH FORM



Students should complete this form if they have two (2) examinations scheduled on the same day at exactly the same time.

Note: Two (2) exams on one day does not constitute an exam clash

Student Name: _____
(Family Name) (Other Names)

Student ID: _____

Details of Examination Clash

Which two (2) units do you have the clash in?

Unit Name	Day/Date	Time

Please list the other units you are enrolled in and the day, date and time of these examinations.

Unit Name	Day/Date	Time

Student Signature: _____ **Date:** _____

OFFICE USE ONLY

Application received by: _____		Date: _____
Re-scheduled examination dates for "clash" exams: _____ _____		
Student Notified of outcome in writing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Academic Manager: _____	Date: _____	