



Examination Clash Notification Form

(Examination with same time and same day)

Fields marked with * are compulsory

When should you use this form?

Only use this application to notify Examinations Unit of a clash of examinations i.e. examinations that are scheduled at the same time.

The Examination Unit will not amend examination schedules unless there is evidence of a clash.

Personal Details

Student ID*	
Student Full Name*	
Course Code*	
Course Title*	

Details of Examination Clashes

Date of Clashes	Time of Clash AM/PM	Unit Code	Clashes with Unit Code

Additional Information (Please provide further details if required)

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Privacy Statement & Disclaimer

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I understand that if the request that I submit is incorrect or incomplete that my request will not be processed.

Student Signature*: _____ Date*: _____

Office Use Only

Date Received		Received by	
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