

Request to Sit Exam at Another Campus



Student Details:

Student No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home Campus	<input type="text"/>
Family Name	<input type="text"/>				Given Name/s	<input type="text"/>			
Course Title	<input type="text"/>								

A request to sit an exam another campus is usually made on the basis that the student has sequential examinations scheduled at different campuses. Please a statement outlining other circumstances.

NOTE: Both exams will usually be undertaken at the student's home campus:

Do you have Alternative Exam Conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Sequential Unit Details:

Unit Code	Unit Name	Campus	Exam Date	Start Time	Duration	Exam Room
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby request permission to take the examination for the unit:

Unit Code	<input type="text"/>	Unit Title	<input type="text"/>		
At the	Campus	Unit lecturer's name	<input type="text"/>		
If your request is approved, please identify yourself to the examination supervisor prior to the commencement of the examination					
Student Signature:	<input type="text"/>			Date	<input type="text"/>
Return completed form to the Assessments Office: studentadministration@ecu.edu.au					

Authorisation (Assessments Use Only):

<input type="checkbox"/> Approved	Room Number	<input type="text"/>	<input type="checkbox"/> Not Approved	Date	<input type="text"/>
Exam Prepared:	<input type="text"/>		Student Notified	<input type="checkbox"/> Yes	