



EXAMINATION CLASH FORM

Student ID number:

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PERSONAL DETAILS

Last Name:	First Name:	Middle Name:	Date of Birth:

Postal Address:

Telephone:

Fax:

Email:

EXAMINATION CLASH INFORMATION

Semester:	Year:
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Day of Exam:	Date:
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Session: Morning Session Afternoon Session

Which two courses are scheduled for the same examination session:

Course 1:	
Course 2:	

What other courses are you sitting this semester and when are the exams?

Course 3:	Exam Day/Date:	Time:	
Course 4:	Exam Day/Date:	Time:	

Applicant's Signature: _____ Date: _____

FOR OFFICIAL USE

Recommendation:

Signature: _____ Date: _____
Acting Registrar

Completed Examination Clash forms should be sent to: