



EXAMINATION TIMETABLE CLASHES

This form must be submitted to the student administration of the faculty concerned.

STUDENT NUMBER: ACADEMIC PROGRAM/PLAN:

TITLE, INITIALS AND LAST NAME:

POSTAL ADDRESS:

CODE: TELEPHONE NUMBER:.....

<u>CLASH</u>	<u>CLASHES WITH</u>
Module /Course.....	Module/Course.....

Date of clash: Time:

DECISION:

Date arranged: Lecturer Signature and Tel:

May only be written in the supplementary examination period on condition that

1. a change in the timetable of the abovementioned module will not be possible if another clash occurs during the supplementary examination timetable;
2. a supplementary examination in this module will not be awarded.

NB: The semester/year mark and the examination mark determine the final mark.

.....
SIGNATURE: STUDENT

.....
 Date:

SIGNATURE: DEAN:.....

Date:

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