



CLASH OF EXAMS (EXAMS SCHEDULED FOR SAME DATE & TIME)

SECTION 1 : STUDENT AND CONTACT INFORMATION

*FIRST NAME _____

*MIDDLE NAME(S) _____

*LAST NAME _____

*I.D. # _____ EMAIL _____

PHONE _____ (HOME) _____ (MOBILE) _____ (WORK)

CAMPUS(ES) ATTENDED _____ 1 _____ 2 _____ 3

SECTION 2 : CLASH INFORMATION

PROGRAMME _____

	EXAM 1	EXAM 2	EXAM 3	EXAM 4	EXAM 5
COURSE					
GROUP					
LECTURER					
DATE	mm / dd / yyyy	mm / dd / yyyy	mm / dd / yyyy	mm / dd / yyyy	mm / dd / yyyy

COMMENTS _____

SECTION 3 : SIGNATURE

*NAME _____ *SIGNATURE _____ DATE mm / dd / yyyy

FOR OFFICIAL USE ONLY

RECEIVED BY _____ STUDENT SERVICES OFFICER SIGNATURE _____ DATE mm / dd / yyyy

RECEIVED IN EU FOR ACTION _____ EXAMINATIONS OFFICER SIGNATURE _____ DATE mm / dd / yyyy

ACTION TAKEN _____

STUDENT ADVISED BY _____ UCC OFFICER SIGNATURE _____ DATE mm / dd / yyyy