CLASH OF EXAMS

SECTION 1: STUDE	NT AND CONTACT INFORMATI	ON					
	.						
*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		
COURSE			COURSE				
GROUP			GROUP				
LECTURER			LECTURER		1		
DATE	mm / dd / yyyy		DATE	mm / dd /	уууу		
COMMENTS	▶	tined and write	e all exams.				
SECTION 3: SIGNAT	URE						
NAME		*SIGNATURE			DATE	mm dd yyyy	
	F	OR OFFICIAL I	USE ONLY				
RECEIVED BY					DATE		
RECEIVED IN	STUDENT SERVICES OFFICER	SIGNATU	JRE		DATE	mm / dd / yyyy	
EU FOR ACTION	EXAMINATIONS OFFICER	SIGNATU	JRE		DATE	mm dd yyyy	
ACTION TAKEN							
STUDENT ADVISED BY	UCC OFFICER	SIGNATU	IDE		DATE	mm / dd / yyyy	

EXD# 01-11-12-2008 Revised: August 16, 2010