



ALTERNATIVE EXAMINATION APPLICATION FORM

INSTRUCTIONS

- 1. Candidates must complete application in duplicate
- 2. Candidates should submit to their coordinator completed forms along with valid document(s) - (letter from employer, justice of the peace, govt. body etc) or medical certificate/report - for authorization, before the scheduled examination period.
- 3. The duly authorized form must then be taken to the UCC cashier/Campus Manager, accompanied by the current applicable fee.
- 4. One copy of the authorized forms will be retained by the UCC.
- 5. Candidates must present the second copy on the day of the examination along with their exam permit and valid UCC ID.
- 6. Only candidates whose accounts are in good standing will be permitted to sit an Alternative examination.

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 : PROGRAMME INFORMATION

PROGRAMME REGISTERED FOR

DATE STARTED

mm

dd

yyyy

COURSE FOR WHICH REGISTERED

ORIGINAL DATE OF EXAM

mm

dd

yyyy

SECTION REGISTERED

SCHEDULED DATE OF ALTERNATE EXAM

mm

dd

yyyy

STATE REASON FOR APPLICATION

SECTION 3 : SIGNATURE

*NAME

*SIGN HERE▶▶

DATE

mm

dd

yyyy

FOR OFFICIAL USE ONLY

TO BE COMPLETED BY THE PROGRAMME COORDINATOR

COURSE WORK SCORE

GROUP/SECTION

LECTURER

VERIFIED BY

SIGNATURE

DATE

mm

dd

yyyy

APPROVED BY

PROGRAMME COORDINATOR

DEAN/HOD

TO BE COMPLETED BY CASHIER

AMOUNT PAID

RECEIPT #

FINANCIAL STATUS

APPLICATION :

☐ Approved

☐ Denied

VERIFIED BY

SIGNATURE

DATE

mm

dd

yyyy

INVIGILATED BY

SIGNATURE

DATE

mm

dd

yyyy

ALTERNATE EXAM:

☐ End of Module

☐ Mid-Module

TO BE COMPLETED BY THE MARKER

EXAM SCORE

MARKER'S SIGNATURE

DATE

mm

dd

yyyy