



**C L A S H O F E X A M S**

**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         |
|----------|----------------|----------------|
| MODULE   | _____          | _____          |
| GROUP    | _____          | _____          |
| LECTURER | _____          | _____          |
| DATE     | mm / dd / yyyy | mm / dd / yyyy |

WRITE THE MODULE YOU WISH TO DIFFER IN THE APPROPRIATE BOX

Will sit one exam on posted date.  
 Will sit the other exam when next offered.  
 Will be quarantined and write both exams.

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3 : SIGNATURE**

\*NAME \_\_\_\_\_ \*SIGN HERE▶▶ \_\_\_\_\_ DATE mm / dd / yyyy

**FOR OFFICIAL USE ONLY**

|                    |                          |           |      |                |
|--------------------|--------------------------|-----------|------|----------------|
| RECEIVED BY        | STUDENT SERVICES OFFICER | SIGNATURE | DATE | mm / dd / yyyy |
| SENT TO FOR ACTION | EXAMINATIONS OFFICER     | SIGNATURE | DATE | mm / dd / yyyy |
| ACTION TAKEN       | _____<br>_____<br>_____  |           |      |                |
| STUDENT ADVISED BY | UCC OFFICER              | SIGNATURE | DATE | mm / dd / yyyy |