

FINAL EXAM CLASH

This form is to be used to notify the Examinations Dept of an Exam Clash in your Final Examination Week timetable.

SUBMISSION DETAILS

The form must be submitted to the College no later than **5 working days before the first day of Final Examination Week**, either in person to Student Services at the ACPE campus or online via email to studentservices@acpe.edu.au

OUTCOME

In cases of an exam clash, one of your exams will be rescheduled and you will be notified of the details via your ACPE email address. Rescheduled exams will be conducted as close as possible to, but not before, the original exam timetable.

Personal Details

Student ID No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Contact phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name	<input type="text"/>					Family Name	<input type="text"/>								
Course Name	<input type="text"/>					Mode of Study (Online or On Campus)	<input type="text"/>								

Exam Details (list the details of the exams that are clashing)

	Unit Code	Unit Name	Exam Date	Exam Time
Exam 1	<input type="text"/>	<input type="text"/>	DD/MM/YYYY	<input type="text"/>
Exam 2	<input type="text"/>	<input type="text"/>	DD/MM/YYYY	<input type="text"/>
Exam 3	<input type="text"/>	<input type="text"/>	DD/MM/YYYY	<input type="text"/>
Exam 4	<input type="text"/>	<input type="text"/>	DD/MM/YYYY	<input type="text"/>

Student Declaration

I declare that the information provided on this form is true and correct and agree to sit the rescheduled exam at the time and date advised by the College.

Student Signature	<input type="text"/>	Date	DD/MM/YYYY
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Office Use Only

<input type="checkbox"/>	Request approved	<input type="checkbox"/>	Request denied	Further comments:	<input type="text"/>
Exam to be rescheduled	Unit Code		Rescheduled date & time		
Staff Name	<input type="text"/>		Signature	<input type="text"/>	Date