



Please indicate with "N/A" where questions are not applicable and tick boxes where appropriate.

STUDENT DETAILS This Section Must Be Completed

Student Identification Number

Title Surname/Family name First name Second/Middle name

School Program

Contact Details

Confirmation of this information will be advised to your Notre Dame email account only.

Telephone (home) Telephone (work) Mobile

Course(s) in which examination at another campus is requested

COURSE CODE	COURSE TITLE	EXAM DATE & TIME	COURSE LECTURER'S NAME

Campus where you wish to sit your examination Fremantle Broome Sydney

Student signature Date / /

Dean (or delegate) signature Date / /

OFFICE USE ONLY

Comments

Exams confirmed at requested campus as follows

COURSE CODE	COURSE TITLE	EXAM DATE & TIME	VENUE

Student informed Email Phone call Date / / Initials

Other campus informed Email Phone call Date / / Initials