APPLICATION TO SIT AN EXAMINATION AT ANOTHER CAMPUS

Please use BLOCK/CAPITAL letters, indicate with 'N/ A' where questions are not applicable and tick boxes where appropriate.
Please submit the completed form to your School or Student Administration Office

STUDENT DETAILS   This Section Must Be Completed

Student Identification Number: ____________________________

TITLE eg. Mr/Ms/Mrs  SURNAME/FAMILY NAME  GIVEN NAMES

School: ____________________________  Course: ____________________________

Contact Details:

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

Contact Details:  Home: ____________________________  Work: ____________________________

Mobile: ____________________________  Email: ____________________________

UNIT(S) IN WHICH EXAMINATION AT ANOTHER CAMPUS IS REQUESTED

<table>
<thead>
<tr>
<th>UNIT CODE</th>
<th>UNIT TITLE</th>
<th>EXAM DATE &amp; TIME</th>
<th>UNIT LECTURER’S NAME</th>
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CAMPUS WHERE YOU WISH TO SIT YOUR EXAMINATIONS: ____________________________________________

(Broome, Fremantle or Sydney)

SIGNATURE OF APPLICANT: ____________________________________________  Date (dd/mm/yyyy): ____________________________

SIGNATURE – DEAN or delegate: ____________________________________________  Date (dd/mm/yyyy): ____________________________

OFFICE USE ONLY

COMMENTS:

Exams confirmed at requested campus as follows:

<table>
<thead>
<tr>
<th>UNIT CODE</th>
<th>UNIT TITLE</th>
<th>EXAM DATE &amp; TIME</th>
<th>VENUE</th>
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Student informed: Email / phone call  Date: ____________________________  Initials: ____________________________

Other campus informed: Email / phone call  Date: ____________________________  Initials: ____________________________

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