

## Examination Clash Form

*Students should complete this form if they have two (2) examinations scheduled on the same day at exactly the same time.*

**Note: Two (2) exams on one day does not constitute an exam clash**

Student Name: \_\_\_\_\_  
(Family Name) (Other Names)

Student ID: \_\_\_\_\_

### *Details of Examination Clash*

Which two (2) units do you have the clash in?

Unit Name	Day/Date	Time

Please list the other units you are enrolled in and the day, date and time of these examinations.

Unit Name	Day/Date	Time

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Re-scheduled examination dates for “clash” exams:

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Student Notified of outcome in writing  Yes  No

Academic Manager: \_\_\_\_\_ Date: \_\_\_\_\_