

## THE UNIVERSITY OF THE WEST INDIES OPEN CAMPUS

## STUDENT EXAMINATION REQUEST FORM FOR ALL FACE TO FACE PROGRAMMES – TRINIDAD AND TOBAGO

Complete the form legibly using a	ballpoint pen.						
		SECTION A -	- PERSONAL DATA				
1. Name							
Title Surname			First Name Middle Initial				
2. Address							
3. Student ID#			4. Tel & Email Contact:				
	SE	CTION B - SITE.	 PROGRAMME & ST	'ATUS			
5. Site 6. Programme/Ye							
7. Academic Year 8. 8		8. Status	me	□ Repeater	□Other		
9. Academic Year/Semester of 1st R	Registration	10. Do you expect	to complete your prog	ramme this acade	mic year?		
		SECTION C - S	TUDENT'S REQUES	T			
11. Indicate nature of request							
EXAMINATION REQUEST:							
Late submission of Coursework assignment	Course Na	ame					
	Academic Year/Semester:						
☐ Exemption from Coursework/ Examination	Course Name:						
	Academic Year/Semester:						
	Tutor:						
☐ Deferral from sitting exams	Academic Year/Semester:						
	Course Name:						
☐ Appeal for review of results	Course Name(s):						
	Academic Year/Semester:						
☐ Request for re-mark (Applicable only after Appeal)	Course Name:						
	Academic Year/Semester:						
☐ Exam Only Request	Course Na	nme(s):					
	Academic	Year/Semester:					

SECTION D – REASON FOR REQUEST										
12. Please provide justification for your reques	at below									
			, /							
Signature of Student			Date (dd/mm/yyyy)							
Site Coordinator Remarks:										
Sue Coorainaior Remarks.										
Signature of Site Coordinator	<del></del>									
~			Date (dd/mm/yyyy)							
□ Request Approved	□ Request Denied									
13. Please state reasons for the decision										
			P (11/ / )							
Signature of Examination Officer			Date (dd/mm/yyyy)							
FOR OFFICIAL USE ONLY										
☐ Tuition: Number of Credits:		☐ Registration Fee	☐ Caution Fee	☐ Late Registration Fee						
☐ Exemption Fee: Number of Credits		☐ Lab Fee								
Total Amount Paid:		Receipt No.:	Balance:							