



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

<i>Title</i>	<i>Surname</i>	<i>First Name</i>	<i>Middle Initial</i>
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2. Address

3. Student ID#

4. Tel & Email Contact:

SECTION B - SITE, PROGRAMME & STATUS

5. Site

6. Programme/Year:

7. Academic Year

8. Status Full-time Part-time Repeater Other

9. Academic Year/Semester of 1st Registration

10. Do you expect to complete your programme this academic year? Yes No

SECTION C – STUDENT'S REQUEST

11. Indicate nature of request

EXAMINATION REQUEST:

Late submission of
Coursework assignment

Course Name _____

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 Name(s): _____

Academic Year/Semester: _____

