

# Request for Alternative Examination - Clash



## THIS IS AUTHORISATION FOR A STUDENT WITH AN EXAMINATION CLASH:

Select the type of clash examination;

- 3 or more examinations scheduled on 1 calendar day
- 2 examinations scheduled at the same date and time
- More than 2 examinations in a 23 hour period \* (based on the commencement time of the assessment)

\* Example – Examinations Day 1 (8:30am, 1:00pm) and Day 2 (8:30am) – this is **not** considered a clash examination as the examination on Day 2 commences in the next 24 hours.

### APPLICATION FORM

Student ID	<input type="text"/>		
Given Name/s	<input type="text"/>	Surname	<input type="text"/>
Student email	<input type="text"/>	Contact Number	<input type="text"/>
Course	<input type="text"/>	Campus Location	<input type="text"/>

### EXAM INFORMATION (that is being requested to be moved)

Unit Code	Unit Title	Scheduled Date	Scheduled Time

### STUDENT DECLARATION (please tick each statement)

I undertake not to discuss or divulge the contents or format of the examination paper/s with any person until the University's official publication of results has passed and I declare that I have no prior knowledge of the contents of the examination paper/s. In the event I have prior knowledge of the content of the examination, I will contact the Manager, Examinations and Progression Management prior to sitting the examination via [examinations@curtin.edu.au](mailto:examinations@curtin.edu.au) or via phone +61 8 9266 7016.

I accept that action may be taken should the University consider that an infringement of Statute No.10, the Student Disciplinary Statute has occurred. A copy of the statute can be found at [http://policies.curtin.edu.au/legislation/statutes\\_rules.cfm](http://policies.curtin.edu.au/legislation/statutes_rules.cfm).

I have attached (with this application) a copy of my FINAL examination timetable as evidence to an exam clash.

Student Signature:

Date submitted:

Please email this Form to your Unit Coordinator

### RESPONSE TO CLASH EXAM APPLICATION (to be completed by the UC)

#### School Approval by Unit Coordinator

I approve the above student to sit the mentioned exam at an alternative date and time – the application is signed below and sent via email to [examinations@curtin.edu.au](mailto:examinations@curtin.edu.au)

OR

I would prefer the student to sit the examination within the deferred examination period - refer with your local School Student Services Officer (SSSO)

UC Signature:

Date: