REQUEST FOR ALTERNATIVE EXAMINATION – CLASH

Certification

THIS IS AUTHORIZATION FOR A STUDENT WITH AN EXAMINATION CLASH:

- You have 3 or more examinations scheduled on 1 working day, and/or
- You have 2 examinations scheduled at the same date and time, and/or
- You have more than 2 examinations in a 24 hour period * (based on the commencement time of the assessment)

* Example – Examinations Day 1 (8:30am, 6:30pm) and Day 2 (8:30am) – this is not considered a clash examination as the examination on Day 2 commences in the next 24 hours.

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<tr>
<th>Student ID</th>
<th>Family Name</th>
<th>Given Name</th>
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Confirmation of your revised Examination Timetable will be sent via the Official Communication Channel (OCC) to your Curtin provided OASIS account.

<table>
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<tr>
<th>Unit Number</th>
<th>Unit Title/Unit Controller</th>
<th>Scheduled Date</th>
<th>Scheduled Time</th>
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Course Title

Authorised, Examinations Office: _____________________________ Date: ___________

Student Declaration

I hereby undertake not to discuss or divulge the content or format of the examination paper/s with any person until the official scheduled time has passed and declare that I have no prior knowledge of the contents and the examination paper/s.

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 www.governance.curtin.edu.au/.

Student signature__________________________________________________________

Witness (School/Dept)______________________________ Date: ___________________

School Approval

I approve the above student to sit the following examination on the date and time as stated.

Unit No__ Unit Title________________________________________________________

Revised Date-_________________________________________ Time: 10:00 or 14:00

Comments__________________________________________________________

Signature_____________________________ Name______________________________

(Head of Department)

Date: __________________ School Contact: ____________________________

When completed, the student is to return this form personally to Student Services – Examinations Office no later than 2 weeks prior to the commencement of the examination period so that appropriate arrangements can be made.