Examinations Office

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| Off-campus Examination Request |

Fee $131 per VENUE (including gst)

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| **Student Name:** |  |
| **Student ID:** |  |
| **Email (UC):** |  |

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| **Date you are leaving Christchurch:** |  |
| **Overseas contact details:** |  |
| **Location (town/city/country):** |  |
| **Proposed location of exam:** |  |

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| --- | --- |
| **Name of nominated exam supervisor:** |  |
| **Occupation of supervisor:** |  |
| **Relationship of supervisor to student:** |  |
| **Supervisor’s email:** |  |
| **Supervisor’s phone number:** |  |
| **Date supervisor is leaving Christchurch:** |  |

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| **Course Code(s) of exam(s):** | **Scheduled dates, times and formats of exam(s):** |
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| ***For Examinations Office use only:***  Examinations Office Approval |