Examinations Office

|  |
| --- |
| Off-campus Examination Request |

Fee $131 per VENUE (including gst)

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

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

|  |  |
| --- | --- |
| **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:** |  |

|  |  |
| --- | --- |
| **Course Code(s) of exam(s):** | **Scheduled dates, times and formats of exam(s):** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| ***For Examinations Office use only:***Examinations Office Approval  |