

**REQUEST FOR ALTERNATIVE EXAMINATION – CLASH**

**This form must be lodged with the Examinations Office no later than 2 weeks prior to the commencement of the examination period.**

**Certification**

THIS IS AUTHORISATION FOR A STUDENT WITH AN EXAMINATION CLASH (3 IN 1 CALENDAR DAY or 2 EXAMINATIONS AT THE SAME TIME) TO SIT A CENTRALLY SCHEDULED EXAMINATION AT A TIME PRIOR TO THE OFFICIALLY SCHEDULED TIME.

Student ID	Family Name	Given Name

**Confirmation of your revised Examination Timetable will be sent to your preferred postal address and to your Curtin OASIS account.**

Unit Number	Unit Title/Unit Controller	Scheduled Date	Scheduled Time
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/](http://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: 09:00 or 13:00

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_  
(Unit Controller)

Date: \_\_\_\_\_ School Contact: \_\_\_\_\_

When completed, the student is to return this form personally to **Student Central – Examinations Office** so that appropriate arrangements can be made.