



EXAMINATION CLASH FORM

Student ID number:

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PERSONAL DETAILS

Last Name:

First Name:

Middle Name:

Date of Birth:

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Postal Address:

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Telephone:

Fax:

Email:

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EXAMINATION CLASH INFORMATION

Semester:

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Year:

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Day of Exam:

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Date:

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Session:

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Morning Session

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Afternoon Session

Which two courses are scheduled for the same examination session:

Course 1:

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Course 2:

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What other courses are you sitting this semester and when are the exams?

Course 3:

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Exam Day/Date:

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Time:

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Course 4:

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Exam Day/Date:

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Time:

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Applicant's Signature: _____

Date: _____

FOR OFFICIAL USE

Recommendation:

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| |
| |

Signature: _____

Date: _____

Assistant Registrar

Completed Examination Clash forms should be sent to:

Examinations Office

The University of Fiji

Private Mail Bag

Saweni

Lautoka

Email: exams@unifiji.ac.fj