



Examination Clash Notification Form

(Examinations with same time and same day)



PERSONAL DETAILS

Student ID Number: _____

Surname: _____

Other Names: _____

Semester Address: _____

Telephone No(s): _____

Course: _____

DETAILS OF EXAMINATION CLASHES

Time of Clash (AM / PM)	Subject Code	Subject Name	Date of Clash	Preferred Exams Order AM / PM

DETAILS OF ALL OTHER EXAMINATIONS DURING CURRENT SEMESTER

Date of Exam	Subject Code	Subject Name	Time AM/PM/EVE

Office Use Only

Date Received		Received by	
---------------	--	-------------	--