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| **Request to View Examination Script(s)** |  |

**Please note that you**

* cannot mark the script in any way
* will be provided with a green pen and note paper for taking notes
* can be accompanied by one other person
* cannot remove the scripts from the script viewing area
* will be supervised by a member of staff while viewing the script

|  |  |
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| **Student Name** |  |
| **Student Number** |  |
| **Programme** |  |
| **Stage/Year** |  |
| **Exam Session** |  |
| **Mobile Number** |  |

I hereby apply to view my Examination Script(s) for the following modules, taken by me, at the above Exam Session:

|  |  |
| --- | --- |
| **Module(s)** |  |

|  |  |
| --- | --- |
| **Student Signature** |  |
| **Date** |  |

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| --- |
| **For Exams Office Use Only** |
| **Candidate Attended** |  | **Yes** |  | No |
| **Signed (Supervisor)** |  |
| **Date** |  |