

DATE:
 TIME:

REQUEST FOR ACCESS TO EXAMINATION SCRIPT BOOKS

Student ID Number:	
Title:	
Surname:	
Given Name(s):	
Phone Number:	
Mobile Number:	
Email Address:	

I request to:

- view my examination script
 (You are required to bring your Student ID card to your viewing session. You will not be permitted to view your examination script without this identification.)

and/or

- receive a copy of my examination script booklet
 (A fee of \$5 will be charged if you wish to obtain a photocopy of your examination script booklet. This fee is payable to Central Student Services/Student Service Centre on your home campus. Please attach your receipt to this form and submit to the School of Information Technology on your home campus.)

Please note that you may be denied access to your script(s) if your examination is short answer or multiple choice.)

Unit Code:				
Unit Name:				
Campus:				
Semester:	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> Summer	<input type="checkbox"/> DEF
Lecturer:				

OFFICE USE ONLY

CAMPUS	General Ledger	Cost Centre	Fund Number	Tax Code
Berwick	572071	C09001	2915001	S0
Caulfield	572071	C10001	2917019	S0
Clayton	572071	C11001	2919001	S0

Date Lecturer Notified:	
Date Student Notified:	
Date Student Viewed:	
Comments:	

Faculty of Information Technology
RECEIPT FOR ACCESS TO EXAMINATION SCRIPT BOOKS
STUDENT SECTION

Unit Code:			
Lecturer:			
Date:		Time:	
Location:			