OFFICIAL EXAMINATION CANCELLATION / AMENDMENT

I _____ hereby authorise the Examinations
(Insert Head of School/Faculty)

Office to make the following changes to the examination timetable for the period _____. I acknowledge that it is the responsibility of my
(Insert examination period & year)

School / Faculty to notify all affected students of the change.

_____ _____ _____
(Signature) **(Date)** **(Telephone)**

Course ID	Subject Area	Cat #	Paper Title

Circle as appropriate:	**Specify Amendment:**
CANCEL exam Change **VENUE** Change **DURATION** **OTHER Change?**	

Examinations Use Only		
Actioned:		
PSoft	AEA	Strong Room List
Excel Timetable	Web Timetable	
Script Return Register	Chief Supervisor	Seating Plans

Fax to Examinations: 8303 5550