



REQUEST FOR ACCESS TO EXAMINATION SCRIPT BOOKS

Student ID Number _____

Title: _____ Surname _____ Given names: _____

Address _____

Phone Number _____ Mobile _____

Email _____

I request to view my examination script in the following unit:

Unit Code: _____ Campus: _____

Unit name: _____

Semester: 01 02 Summer DEF

Lecturer: _____

OFFICE USE ONLY

Date Lecturer Notified:

Date Student Notified:

Date Student Viewed:

Comments: