

NOTIFICATION OF CLASH/CHANGE OF EXAMINATION TIMETABLE

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Web: www.unsw.adfa.edu.au/student

See reverse for important information before completing this form
FULLY COMPLETE AND THEN LODGE WITH STUDENT ADMINISTRATIVE SERVICES

Student ID	Program Code													
<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>					

Surname	Other Names

Daytime Telephone Number	UNSW@ADFA Student Email Address

CLASH SCHEDULED EXAM 1 (See No. 1 on reverse for further explanation)		CLASH SCHEDULED EXAM 2 (See No. 1 on reverse for further explanation)																	
Course Code	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Course Code	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Course Name		Course Name																	
Paper No.		Paper No.																	
Day of Clash		Day of Clash																	
Date of Clash		Date of Clash																	
Time of Clash		Time of Clash																	

SCHEDULED EXAM											
Course Code	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Scheduled Day	
Course Name		Scheduled Date									
Paper No.		Scheduled Time									
PROPOSED TIME SLOT											
Day Proposed		Time Proposed									
Date Proposed											
REASON FOR CHANGE											

AGREEMENT HAS BEEN MET BY ALL CANDIDATES ENTROLLED IN THE ABOVE COURSE TO THE PROPOSED TIME SLOT SUGGESTED WITH THE SIGNATURES OF ALL STUDENTS ENROLLED BEING ATTACHED.

NO CHANGES TO THE TIMETABLE WILL BE ACCEPTED AFTER WEDNESDAY, 24 SEPT 2008

Student Declaration	APPROVAL (UG only) XO Cadets	APPROVAL Lecturer of Course	APPROVAL Course Authority
I certify that the information supplied by me on all parts of this variation form is complete and correct and I have read and acknowledge the terms on the reverse of this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature	Signature	Signature
	Date	Date	Date
	Signature		
Date			

IMPORTANT INFORMATION TO UNDERSTAND PRIOR TO COMPLETING & SUBMITTING THIS FORM

1. CLASH SCHEDULED EXAM

If you have a **CLASH** of examinations or **FOUR CONSECUTIVE EXAMINATIONS OVER TWO OR THREE CONSECUTIVE DAYS**, you should complete this section.

2. SCHEDULED EXAM

If your exam has been scheduled for a day or time for which you are unable to attend please complete this section. You must supply the reason for the change of day and/or time. You must have agreement from all students enrolled in this course and have attached to this form their signatures acknowledging their agreement to the change. You must also seek approval from the XO Cadets (Undergraduate Students only), Course Authority and the Lecturer, and have their signatures on this form.

The form **WILL NOT** be considered if the above has not been provided.

3. WEBSITE

Please refer to the Examination Website for further information regarding **Key Dates for Examinations**.

Web Address: www.unsw.adfa.edu.au/student/timetables

4. ENQUIRIES

If you have any questions about Examination Clashes, you should contact Student Administrative Services (SAS) on:

Phone: 61-2-6268 6010;

Fax: 61-2-6268 8666; or

Email: timetable@adfa.edu.au

5. NOTE:

A separate form must be filled out for **each clash** and **each proposed change** to the Scheduled Exam.