

## **Examinations Office**

Student Name:

## Copy of Exam Script

## FEE \$15 PER COURSE (INCLUDING GST)

Student ID:	
Email (UC):	
Course Code(s):	
1.	
2.	
3.	
4.	
must be in writing and Thereafter, and until th to have their original so I would like the cop	a copy of any final examination script submitted by that student. The application must be accompanied by the prescribed fee. he scripts are destroyed, a student may apply to the relevant Department/School cript returned. Original scripts are returned free of charge.  y of my exam script to be sent to the address below:
Email address OR postal address:	
I hereby declare tha	at I am the person named above.
Signature:	
o.B.rataro.	Date: