



THE MALDIVES NATIONAL UNIVERSITY Examination Clash Notification Form

IMPORTANT

Complete this form *ONLY* if you have *TWO* or more exams scheduled on the same day **AT THE SAME TIME.**
Deadline to submit this form: 9th April 2017

PERSONAL DETAILS

Faculty:

Student Number:

Student Name:

Course:

Contact Number:

Email address:

DETAILS OF ALL EXAMINATIONS IN THIS TERM (Put a cross, X, for clashing subjects)

Subject Code	Subject Name	Exam Date	Time	Clash (X)

Which subject do you prefer to be examined first?

FOR OFFICE USE ONLY

Date Received:

Received By:

Please keep this record until the examination is over

Student Number:

Student Name:

Examination period (specify month(s) and year of examination):

Submitted date:

Received By: