

UNIVERSITY OF KWAZULU-NATAL



APPLICATION TO LEAVE EXAMINATION VENUE

DATE : TIME :
SEAT NO : VENUE :
SURNAME : FIRST NAME(S) :
STUDENT NO: DEGREE :

MODULE DESCRIPTION :

MODULE CODE :

REASON FOR LEAVING (without completing exam):

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.....
SIGNATURE OF STUDENT

COMMENTS FROM INVIGILATOR:

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.....
INVIGILATOR (PRINT NAME)

.....
SIGNATURE

**PLEASE COLLECT AEGROTAT/SPECIAL EXAM APPLICATION FORM FROM
THE INVIGILATOR AND RETURN IT WITHIN 5 (FIVE) WORKING DAYS TO
THE FACULTY OFFICE.**