



THE UNIVERSITY
OF AUCKLAND

NEW ZEALAND

Te Whare Wānanga o Tamaki Makaurau

Application for Copy of Examination Script

AS-19

Student Information Centre
Puu Whai Maaramatanga Aakonga
The ClockTower, Room 112
22 Princes St, Auckland 1010
Email: studentinfo@auckland.ac.nz
Phone: +64 9 373 7599 ext 88199
Fax: +64 9 367 7104

STEP 1 PLEASE PRINT CLEARLY IN BLOCK CAPITALS TO ENSURE YOUR SCRIPT IS SENT TO THE CORRECT ADDRESS

(Surname) _____

ID Number

(Forename) _____

(Address) _____

Contact Phone

(Please fill in your postcode.) _____

Email @aucklanduni.ac.nz

STEP 2 I request copies of the following scripts to be forwarded to the above address

Semester (Term Code)	Campus (e.g. City/Tamaki)	Course Code	A/B (Apply to Double Semester courses only)	Course Title
eg, 1123	City	C H E M 1 1 0		Chemistry of the Living World

Term	Term Code	Application closing date
2012 Summer School	1120	Wed 16 May 2012
2012 First Quarter	1122	Mon 2 July 2012
2012 First Semester	1123	Tue 25 September 2012
2012 Second Quarter	1124	Mon 24 September 2012
2012 Third Quarter	1126	Mon 17 December 2012
2012 Second Semester	1125	Tue 12 February 2013
2012 Fourth Quarter	1128	Mon 4 March 2013

- Note:**
- (a) Courses for which assessment processes have not been completed e.g. grades are not yet entered on the student record cannot be included.
 - (b) Application can be made not later than three months after the date of the examination.

STEP 3

Signature: _____

Date: _____

Note:

1. Applications must be handed in to the Student Information Centre, Room 112, ClockTower.
2. Completed application forms will not be accepted without proof of identity (ie, student ID card).
3. **ONLY ONE APPLICATION FORM PER STUDENT. DO NOT REQUEST THE SAME COURSE SCRIPT MORE THAN ONCE.**