



Request to Sit Examinations at Other Centres for Distance Learning Students

(Education, Nursing, Theology, PHIL 105/105G)

Examinations Office Academic Services The ClockTower Private Bag 92019 Auckland Mail Centre Auckland 1142

STEP 1	Surname		ID Number	
	Forename			
STEP 2	Scheduled Examin	ations:		
Subject	Area Cat No.	Course Title	Date of exam	Time of exam
1,,,				
			+	+
	Day time phone		sewhere, please write the addr	ess here:
STEP 4	Choose and TICK a	Centre from the list below where y	you wish to sit your examinatio	n:
Δ.	UCKLAND			
	Christchurch	Kaitaia	Tauranga	
	Ounedin	Napier	Thames	
G	Sisborne	Nelson	Wellington	
	Greymouth	New Plymouth	Whakatane	
	lamilton	Palmerston North	Whanganui	
	lawera	Rotorua	Whangarei	
	nvercargill	Taupo		
0	Other (Overseas venue):			
N	Name of the University:			
А	ddress of the University:			
N	lame of the contact perso	on:		
	mail of the contact person			
Please not and you w	re: Some venues are ur vill be required to comple ory Declaration form mu	navailable on Saturdays. Examinations te a Statutory Declaration Form in the ust be posted to Exams Office or hand	e presence of a Justice of the Peac	e. The hard copy of
STEP 5	Signature			
	Date			
STEP 6	Please return this a	application <u>immediately</u> either by n	nail or by email to:	
	Email: exams@auckland.ac.nz			

If you sit the exam at an alternative date/time, please post the hard copy of Statutory Declaration form to Exams Office or hand in to AskAuckland Central.

Postal address: University of Auckland, Examinations Office, Private Bag 92019, Auckland 1142