

REGISTRATION DATE: .../...../.....

Ref. No. (REG 13)

Examination Clash Form

Name : ID No :

Faculty: Semester :

Major :

	No	Subject	Subject in semester	Subject exam date (in time table)	Clash Reason
First Clash	1				<input type="checkbox"/> Transfer <input type="checkbox"/> Re- take <input type="checkbox"/>
	2				<input type="checkbox"/> Transfer <input type="checkbox"/> Re- take <input type="checkbox"/>
Second Clash	1				<input type="checkbox"/> Transfer <input type="checkbox"/> Re- take <input type="checkbox"/>
	2				<input type="checkbox"/> Transfer <input type="checkbox"/> Re- take <input type="checkbox"/>
Third Clash	1				<input type="checkbox"/> Transfer <input type="checkbox"/> Re- take <input type="checkbox"/>
	2				<input type="checkbox"/> Transfer <input type="checkbox"/> Re- take <input type="checkbox"/>

Student's Signature: _____

Date: _____

Dear Exam Unit:

Please re-schedule the above mentioned subject for the student according to our system.

Thank you,

Dean of the Faculty

Finance Department
