

Ref No:

Virtual Campus

### Request to Change Examination Venue

Name:	Student ID:
Course:	Year/Sem Enrolled:
Contact Number:	Campus:
Contact Address:	National ID:

**Details of the request**

I would like to request to change Registered Examination Center from \_\_\_\_\_ to \_\_\_\_\_

**Reason for the request**

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Signature: \_\_\_\_\_ Date \_\_\_\_\_

For office use only			
Received Date:		Received by:	
Handed to:		Processed by:	
Outcome:	Approved <input type="checkbox"/>	Semester:	
		Year:	
	Not Approved <input type="checkbox"/>		

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Submission Receipt Slip (this slip has to be retained by the student) This receipt has to be filled by an office staff.			
Student Name:		Student ID:	
Module(s):		Form number:	
Course:		Date:	
Name (staff):		Signature (staff):	