Request for Facilitation of Examinations



Please complete the required fields and return via email to the address below.

Student Details

Important: This form must be submitted within an appropriate time-frame for processing, please allow for contact with your home institution and include $allowance\ for\ a\ sufficient\ delivery\ period\ for\ your\ examination\ materials.$

Surname		Given Names		Telephone Number				
E-mail Address	s:							
Institution Det	tails							
Name of Home Institution					Address			
					Number Street			
Contact Person/s Telephone Number/s								
	7-			Suburb				
				State				
			Country Postcode					
E-mail Address	ç. [
L man / taures	·							
Examination D	Details							
Date Time (Weekdays (09:00 o Only) 14:00 On		Examination Code/Title			Type of Examination *(W or C)	Duration (Hours)	Reading Time (Minutes)	
*W = Written Examination C = Computer Based Examination								
Please select one payment method: My Institution agrees to be invoiced and will accept all charges relating to my examination/s – Institution to complete and submit the Facilitation and Invoice Agreement http://students.curtin.edu.au/essentials/examinations/ My Workplace agrees to be invoiced and will accept all charges relating to my examination/s – Workplace to complete and submit the Facilitation and Invoice Agreement http://students.curtin.edu.au/essentials/examinations/								
I will b	oe making pay	ment for all c	harges relating to my examin	ation/s				
_	thin 5 workir	g days of sul	st to sit my examination/s bmitting the request. The ge.					
Signaturo					Date			

Signature