



UOW ADMINISTRATION

REQUEST FOR SUPERVISION OF EXTERNAL EXAMINATION

Student details

Complete this form if you are a student enrolled at another institution and would like to sit your exam at a University of Wollongong campus.

Full name	<input type="text"/>	Student number	<input type="text"/>
Mailing address	<input type="text"/>		
Email	<input type="text"/>	Phone number	<input type="text"/>

Exam details

Exam code(s)	Requested date	Requested time	Duration of exam
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will your exam(s) require the use of a computer?* **Yes** **No**

* UOW may not be able to accommodate all computer based exams

Payment details

The fee for this service can be invoiced to the institution or paid at least one week in advance by you (the student). This fee is non-refundable if you fail to attend your exam(s) unless the University of Wollongong receives 24 hours' notice of cancellation in writing.

For fee details and full terms and conditions: www.uow.edu.au/student/exams/nonuowterms/

Please invoice the institution Name of institution:

I will make payment via telephone

Telephone: 02 4221 3966 or 02 4221 5263

I will make payment via bank deposit

Bank deposit:
Account name: University of Wollongong
BSB: 082 886
Account number: 038110002

Use 'Ext <Surname>' as a payment reference.
Email proof of payment to exams@uow.edu.au

Office use only

Payment received

Forms should be returned to the Exams Office:

Email: exams@uow.edu.au

Fax: 02 4221 4691

Regular mail: Exams Office
Building 20 Room G05
University of Wollongong
Wollongong NSW 2522