

## THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

**DIVISION OF STUDENT SERVICES AND DEVELOPMENT**

#### STUDENT LIFE AND DEVELOPMENT DEPARTMENT {SLDD}

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**SLDD - REGISTERED STUDENT’S REQUEST FOR SPECIAL FINAL EXAMINATION ACCOMMODATION**

**ACADEMIC YEAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CANDIDATE'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CANDIDATE'S STUDENT ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **EXAM DATE** | **EXAM TIME** | **COURSE CODE** | **COURSE TITLE** | **EXAM LENGTH** | **LECTURER'S NAME (and designation e.g. Dr. Ms. Mr.)\*\*** (INFORMATION **MUST** BE PROVIDED) |
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**Telephone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAMME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICIAL USE:**

**RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\* Failure to provide this information will result in delays in processing as the form will be returned to you for proper completion.**