

## 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}

###### Telephone: (868) 662 2002 - Extensions: 83866, 83921, 83923, 84254 ♦ Fax: (868) 645-7526 ♦ E-mail: sldd.office@sta.uwi.edu

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

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

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

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

**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.**