

**REQUEST FOR ALTERNATIVE ARRANGEMENTS FOR EXAM DUE TO RELIGIOUS OBSERVANCE**

If you are unable to take examination/s on a particular day/s during the published examination periods for reasons of religious observance, you should complete this form and return it to the Exams Office via UniHelp two weeks before the published start of the examination period.

If this form is submitted **BEFORE**the publication of the final exam timetable we will endeavour to move the exam to a permissible day where exam activity is permitted. If this form is submitted **AFTER**publication of the final exam timetable, and it is not possible to arrange a suitable alternative time, the University may only be able to offer a deferral to the next exam period.

Please note that your request will need to be supported by a formal letter from your religious leader. Arrangements will only be made for religious days of obligations where it is prohibited to partake in examination activity. If you are unable to sit an exam for any other reason, extenuating circumstances should be applied for.

Failure to comply with the agreement to which this application relates to could be deemed as academic misconduct and may result in a formal investigation being conducted

**Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student ID Number:** |  | **Full Name:** |  |
| **Term Time Address:** |  | Telephone Number:  **University e-mail:** |  |
| **Module Number(s):** | **Module Name(s):** | | |

## Religious Observance

**Please indicate the dates/times that you are unavailable for examinations:**

|  |  |
| --- | --- |
| **Date(s)** | **Reason for request** |
|  |  |

**This form MUST be submitted with a letter from your religious leader on official headed paper to confirm that you are required not to sit the exam for reasons of religious observance. This must be signed by a Magistrate, Commissioner for Oaths or Practising Solicitor and affix or impress Official Seal or stamp.**

**Affidavit**

I, ...........................insert your full name), of.......................................................... (insert full address) make oath or affirm and say as follows:

I swear or affirm that I will not discuss by telephone, in person or any other method of electronic communication, the contents of the exam paper ........................ (Module Number) to which this application refers with any third party until advised to do so.

I understand that failure to comply could be deemed as academic misconduct and a breach of University Regulations and may result in a formal investigation being conducted.

Signature of applicant ...................................................................................................

Declared at .................................................................................................................

On the ........................................... day of .............................. 20................................

Before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Magistrates, Commissioner for Oaths or Practising Solicitor\*)

\*please delete as appropriate

**THIS APPLICATION IS NOT VALID UNLESS THE AFFIDAVIT IS COMPLETED AND THE LETTER FROM YOUR RELIGIOUS LEADER IS SUBMITTED WITH THIS APPLICATION**.