

Signed:

APPLICATION FORMVIEWING OF SCRIPTS SUMMER EXAMINATION 2023

You are required to complete all fields below.

Script viewing cannot be guaranteed unless the **Exam No**. and **Student No**. are provided.

| NAME: | |
|---|---|
| EXAM NO: | STUDENT NO: |
| E-MAIL ADDRESS: | |
| SCRIPTS REQUESTED (Code and module title): | |
| FRFR | FR |
| Please indicate on which <u>date and time</u> you wish to view your scripts (<u>between 11am &1pm between 2pm</u> <u>and 4pm)</u> | |
| Friday 23 th June (BCLF students) |) 🗖 @ |
| Thursday 29 th June (BCOMFR s | tudents) 🗖 @ |
| Tuesday 4th July (ARTS students) ☐ @ | |
| Wednesday 5 th July (ARTS stude | ents) 🗖 @ |
| Applications must be received at least <u>24 HRS</u> before the chosen viewing date and will be accepted by email, post, or in person to: Address: Department of French, ORB 1.22 Email: <u>e.casey@ucc.ie</u> | |
| A maximum of 30 minutes per so Students will not be permitted to No discussion will be entered int Access to scripts is limited to the In order to be permitted to view If you are unable to attend at the | write on the scripts; you are entitled to take notes. to. e student concerned. scripts, you must present your student ID card. e time selected, please inform the Department immediately. |
| I apply to view the scripts listed abo | ve and agree to follow the conditions set out. |

Date: