*A close-up of a logo

Description automatically generated*

***APPLICATION FORM***

*VIEWING OF SCRIPTS*

*SUMMER EXAMINATION 2024*

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):**

FR …………………………………… FR ……………………………………

FR …………………………………… FR ……………………………………

FR …………………………………… FR ……………………………………

*Please indicate on which* ***date and time*** *you wish to view your scripts (****between 10am and 12pm | between 2pm and 4pm)***

**Tuesday 02nd July** ❒ at: ………….

**Wednesday 03rd July** ❒ at: ………….

Applications **must be received at least 24 HRS before the chosen viewing date** and will be accepted by email, post, or in person to:

Address: Department of French, ORB 1.22

Email: [e.casey@ucc.ie](mailto:e.casey@ucc.ie)

*Instructions to students:*

* Students must complete and return this application form prior to viewing.
* A maximum of 30 minutes per script will be allowed.
* No discussion will be entered into.
* Access to scripts is limited to the student concerned.
* In order to be permitted to view scripts, you must present your student ID card.
* If you are unable to attend at the time selected, please inform the Department immediately.

I apply to view the scripts listed above and agree to follow the conditions set out.

Signed: Date: