

PLEASE PRINT CLEARLY IN BLACK INK

Form: SSC_140_03_09

Please complete an EXAM APPLICATION FORM and return it to the Assessments Office by **Friday 3 April (for Semester 1, 2009) or Friday 4 September (for Semester 2, 2009)**.

Mail to: Assessments, Student Services Centre,
Edith Cowan University
270 Joondalup Drive
JOONDALUP Western Australia 6027

or send by email to: assessments@ecu.edu.au

or send by fax: (+618) 6304 2055

Student Details

STUDENT NUMBER:									
SURNAME:								FIRST NAME:	
<p>If you live within 80km of an <u>ECU examination centre</u> you are required to select your exam location on SIMO via the Enrolment menu / Exam Location. Confirmation of your venue will be emailed to your student webmail account prior to the exam period.</p> <p>If you do not live within 80km of an ECU examination centre please complete this form and return it to the Assessments Office by the due dates listed above.</p> <p>PLEASE NOTE: This information is retained permanently on your record.</p> <p>If you no longer require this service please tick this box and return the form to Assessments. <input type="checkbox"/></p>									

Complete this section if you live more than 80km away from an ECU examination centre

<p>More information about student selected examination supervisors is available online at: http://www.ecu.edu.au/student/assessment/exams/offcampus.php</p>			
SUPERVISOR'S FULL NAME (not initials):			
OCCUPATION:			
TELEPHONE (Work):		FAX:	
EMAIL:			
Address to which examination materials should be posted:			
		STATE:	POST CODE:

Supervisor's Declaration:

I am willing to supervise examinations in 2009 for the above student at the scheduled examination time and in accordance with instructions provided by Edith Cowan University. I declare by my signature that I am not a friend or relative or have a close personal relationship with the student.

SUPERVISOR'S SIGNATURE:		DATE:	
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