



REQUEST TO VIEW FINAL EXAMINATION SCRIPT

Student ID number:

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1. PERSONAL DETAILS

Last Name:

First Name:

Middle Name:

Date of Birth:

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Postal Address:

Telephone:

Mobile:

Email:

2. REQUEST DETAILS

I am requesting to view Final Exam Script for: Course Code: _____

Course Title: _____

Specify reasons for requesting to view Final Exam Script:

Applicant's Signature: _____

Date: _____

3. OFFICIAL USE

RECOMMENDATIONS/COMMENTS BY COURSE COORDINATOR

RECOMMENDATIONS/COMMENTS BY HEAD OF DEPARTMENT

RECOMMENDATIONS/COMMENTS BY THE SCHOOL DEAN/DIRECTOR

4. VICE-CHANCELLOR'S APPROVAL

Approved

☐

Not Approved

☐

(Please tick one of the box)

Signature: _____

Date: _____

Completed Application for Restricted Pass should be sent to:

- 1.) STUDENT ACADEMIC SERVICES
The University of Fiji
Private Mail Bag
Lautoka.

OR

- 2.) Email to: exams@unifiji.ac.fj