THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
Te Whare Wānanga o Tāmaki Makaurau

The University of Auckland

APPLICATION FOR COPY OF EXAMINATION SCRIPT

SA-19
Student Information Centre
Puu Whai Maaramatanga
Aakonga
22 Princes St
Telephone: 09 373 7599 ext 88199
Facsimile: 09 367 7104
E-mail:
studentinfo@auckland.ac.nz

STEP 1 PLEASE PRINT CLEARLY IN BLOCK CAPITALS TO ENSURE YOUR SCRIPT IS SENT TO THE CORRECT ADDRESS

(Surname)

(Forename)

(Address)

(Please fill in your postcode.)

ID Number

Contact Phone

Email

STEP 2 I request copies of the following scripts to be forwarded to the above address

Semester (Term Code)	Campus (e.g. City/ Tamaki)	Course Code	A/B (Apply to Double Semester courses only)	Course Title
e.g. 1060	**City**	**CHEM 110**		**Chemistry of the Living World**

Term	Term Code	Application closing date
2008 Summer School	1080	Tue 20 May 2008
2008 First Quarter	1082	Mon 30 June 2008
2008 First Semester	1083	Tue 30 September 2008
2008 Second Quarter	1084	Mon 22 September 2008
2008 Third Quarter	1086	Mon 15 December 2008
2008 Second Semester	1085	Tue 17 February 2009
2008 Fourth Quarter	1088	Mon 9 March 2009

Note: (a) Courses for which assessment processes have not been completed e.g. grades are not yet entered on the student record cannot be included.

(b) Application can be made not later than three months after the date of the examination.

STEP 3

Signature: _____ Date: _____

Note:

1. Applications must be handed in to the Student Information Centre, Room 112, ClockTower.
2. Completed application forms will not be accepted without proof of identity (i.e. student ID card).
3. **ONLY ONE APPLICATION FORM PER STUDENT. DO NOT REQUEST THE SAME COURSE SCRIPT MORE THAN ONCE.**