



REQUEST FOR SPECIAL SITTING OF A FINAL EXAMINATION

Students who are unable to sit their final examination on the designated day and time may request a special sitting of the final examination. Students must submit a completed *Request for Special Sitting of a Final Examination* form along with supporting documentary evidence to the Office of Examinations and Testing Services, copied their Head of Department, **as soon as possible or no later than 7 days after the date of the final examination. Requests submitted after this time will not be considered.**

Student's Name: _____ ID #: _____

Student's Email Address: _____ Cell Phone: _____

Course Title: _____

Course Code and Section: _____ Semester Taken: _____ Year Taken: _____

I request a special sitting of my final examination for the following reason (*select the one which applies*):

- Illness/Injury/Hospitalisation.** Documentary evidence from qualified medical practitioner attached.
- Death of immediate family member.** Copy of death certificate or obituary/relevant pages of funeral programme in which I am listed as a survivor is attached.
- Participation in a significant cultural or sporting activity at the national/international level.** Signed letter from the agency confirming their role and participation and detailing the dates and times of the event attached.
- Employment related travel.** Signed letter from employer confirming travel attached.
- Other significant reason, with detailed explanation below and supporting evidence attached if available:**

I understand that I am **not eligible** for a special sitting of my final examination because I:

- misread the final exam schedule **or** forgot the day and time of the final exam **or** overslept **or** was late for the final exam, etc.
- failed to study or prepare for the final exam **or** was stressed or anxious about the final exam.
- had booked recreational or family domestic or international travel.
- had to participate in or attend a special celebration or event such as a wedding or party.

I declare that the information I have provided is true and complete. I acknowledge that BTVI reserves the right to confirm the information and may vary or reverse any decision regarding special sittings on the basis of incorrect or incomplete information. If approved for a special sitting, I agree to sit the exam on the day and time assigned. Failure to do so will result in an "F" for the exam.

Student's Signature: _____ Date: _____

FOR EXAMINATION AND TESTING SERVICES USE ONLY

(1) **Request:** () Denied () Approved (2) **Special sitting fee required:** () Yes () No (3) **Special sitting to be held:**

Day: _____ Date: _____ Time: _____ Campus: _____ Room: _____

Signature: _____ Date: _____