



APPLICATION FOR ENTRY TO SPECIAL EXAMINATIONS IN SUBJECTS FOR HEALTH SCIENCE PROFESSIONAL PROGRAMMES

Please read the information at:

<http://www.otago.ac.nz/study/exams/otago062922.html> before completing this form.

Applications must be submitted by **10 January**.

Late applications may be accepted, but must be accompanied by the late fee of \$72.00 per examination.

Student Information

Title: Mr/Miss/Ms/Mrs

Student ID:

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Surname: _____

First name(s): _____

Email address:

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@student.otago.ac.nz

Programme of Study (e.g. BDS, BPharm): _____

Special Examination Information

Written* Special Examinations that you intend to sit (e.g. DENT204 or PHCY345B):

_____	_____
_____	_____
_____	_____

*Please note that applications for Oral or Practical examinations should be referred to the appropriate Department or School, rather than the Examinations Office.

Payment Information

The fee of \$72.00 per examination must accompany this form. For information on how to pay the applicable fees, please see: <http://www.otago.ac.nz/otago029435.html#PayingFees>

Amount payable: \$ Cash/Eftpos Cheque Credit card Internet banking

Signature: _____

Date: _____

OFFICE USE ONLY

Amount paid: \$

Receipt number:

Date paid: