



**SCHOOL OF CHEMISTRY  
APPLICATION TO REQUEST BREAKDOWN OF MARKS  
SEMESTER 2 2020 ONLY**

**School/Department:** \_\_\_\_\_

**Examination (e.g. 2<sup>nd</sup> Chem):** \_\_\_\_\_

**Module Code(s):**

**Semester 2**

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**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_