



**SCHOOL OF CHEMISTRY
APPLICATION TO VIEW
EXAMINATION SCRIPTS
2018**

School/Department: _____

Examination (e.g. 2nd Chem): _____

Module Code(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student Name: _____

Student Number: _____ **Examination Number:** _____

Signature: _____ **Date:** _____

Forms to be returned to the School of Chemistry Office, Room 225, 2nd Floor, Kane Building, UCC

Please note signed forms can be returned by hard copy or email to chemistry@ucc.ie