



**SCHOOL OF CHEMISTRY  
APPLICATION TO VIEW  
EXAMINATION SCRIPTS  
2019**

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

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

**Module Code(s):**

**Semester 1**

**Semester 2**

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

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

**Examination No. (S1):** \_\_\_\_\_

**Examination No. (S2)** \_\_\_\_\_

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

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

*Forms to be returned to the School of Chemistry Office, Room 225, 2<sup>nd</sup> Floor, Kane Building, UCC*

*Please note signed forms can be returned by hard copy or email to [chemistry@ucc.ie](mailto:chemistry@ucc.ie)*