

APPLICATION FORM TO VIEW EXAMINATION SCRIPTS:

STUDENT CONTACT NUMBER: _____

STUDENT NAME : _____

DEGREE & YEAR (e.g. BSc1): _____

STUDENT NUMBER: _____

SEMESTER 2: _____ (NO ACCESS TO S1 SCRIPTS DUE TO COVID 19)

MODULE CODE(S) TO BE VIEWED:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<https://www.ucc.ie/en/exams/results/>
For additional Information

SIGNATURE: _____

DATE: _____

DO YOU WISH TO TALK TO A LECTURER ON THE CONSULTATION DATE, AND IF SO, PLEASE LIST THE LECTURERS NAMES: _____

Please return to sms@ucc.ie before the 30th June 2020.