Dear Student

Please find the request form for students wishing to sit their exams overseas or at UK centres other than Birkbeck College below. Please follow the instructions carefully to avoid any delay with the processing of your details.

The first page of the form is to be completed by you. Please fill in your personal details at the top and all the details that are available for the modules you are sitting, including the title of the module, the module code and the date of the examination (please refer to the examination timetable for this information).

After you have made arrangements with a centre to sit your exams, please complete the name and location box of the centre before signing and dating the form and then pass the forms to your chosen centre.

The second page of the form is to be completed by your chosen centre. They will check and take a copy of the first page before confirming the details by stamping and signing the second page and returning it to us.

Once we have received the form back from the institution, we will endeavour to send a confirmation email to the student and the examination centre within seven working days.

Due to the time-consuming nature of making these arrangements, the deadline for the receipt of these forms is:

- Exams in December or January: 1st November;
- Exams in March: 1st February;
- Exams in April or May or June: 1st April;
- Exams in July: 1st June;
- Exams in August: 15th July;
- Exams in September: 1st August;

We wish you the best of luck in your forthcoming examinations.

Kind Regards

The Examinations & Assessment Office

E: examinations@bbk.ac.uk
T: +44 (0)207 380 3028
F: +44 (0)207 380 3092
The first page of this form must be completed by the candidate. Please complete each section carefully in clear and legible BLOCK CAPITALS. Once completed, pass on to the chosen overseas/external centre.

Surname: ...........................................  Forenames: ..................................................................................................................

Student Reference Number: ...........................................  Date of Birth: .................................................................

Contact Address: .................................................................................................................................................

..............................................................................................................................................................................

..............................................................................................................................................................................  Postal/Zipcode: .................................................................

Telephone No.: ...........................................  Email Address: ..................................................................................

Programme of Study: ..................................................................................................................................................

Please list in full the details of examinations you intend to sit overseas/as a distance learner, giving the full title and module code as well as the date of the examination.

<table>
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<th>Examination Title and Module Code</th>
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Name of Centre Applied to: .................................................................................................................................

City: .............................................................................  Country: ..........................................................................

Signature of Candidate: .................................................................................................................................  Date: ........................................................................
The second page of this form must be completed by the responsible person at the overseas/external centre and the completed forms returned to Birkbeck. Contact information is at the foot of this page.

Candidate Name: ……………………………………………………………………………………………………………………………………………

The above candidate is registered as an internal student at Birkbeck-University of London and wishes to use your facilities for examinations. After checking the three points below, if you are willing and have the necessary facilities to conduct the examinations listed on this form, please complete and sign this page before returning BOTH completed pages to Birkbeck Examinations & Assessment Office.

Please note that ALL expenses incurred by the centre in making these examination arrangements, i.e. invigilation/proctoring, postage, etc. should be recouped directly from the candidate and NOT from Birkbeck.

- We are willing and have all the necessary facilities to conduct these examinations at the centre listed.
- We agree to store all materials received from Birkbeck in a secure environment until the date of the exam.
- We are able to provide an independent invigilation service for these examinations.
- We are retaining a copy of this form.

Full Name: …………………………………………………………………………………..   Signature: ………………………………………………..

Position: ………………………………………………………………………………………………………………………………………

Email Address: …………………………………………………………………………………………………………………………………

Telephone No.: ……………………………………………………………….   Fax No.: …………………………………………………………………

Full Postal Address:* ………………………………………………………………………………………………………………………
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……………… Postal/Zipcode: …………………………………………

* Please note that we cannot deliver to PO BOX addresses since we require a signature on delivery.

Official stamp of the overseas/external centre

Please return to Birkbeck Examinations & Assessment Office by fax to +44 (0) 207 380 3092, by email to examinations@bbk.ac.uk or by post to Registry Services, Birkbeck – University of London, Malet Street, London, WC1E 7HX, United Kingdom