

Examination Entry Form

Please return completed form either by hand or by return email to the Exams office at the relevant site before the exam entry deadline

Exams Department SGS College (Filton site) Tel: 0117 909 2357 (Stroud site) Tel: 01453 761263 or 01453 761156

First name:						FOR OFFICE USE ONLY:			
Surname:						Stude	nt code:		
Address:						Cand.	No:		
Postcode:		Tel.:							
DoB:		Email:							
Please complete all sections using block capitals									
Examii	nation Board	Year and month of exam				UCI Number (if you have previously sat this subject centre)		ubject at another	
					,				
Subject Code	Sub	ject	Grade / Level	Re-sit (Tick)			Staff Signature		Fees
						ΔII f		Total:	ithorised by the
	All fees listed above must be authorised Exams Office:						ithonsed by the		
						Sign	ied:	Date	::
Method of payment Please tick one box									
Student Sponsor / College									

All payments to be made on the college payment portal. An email will be sent to you with the link for payment, please ensure your email above is correct

The information on this form will be kept on computer in accordance with the Data Protection Act. Some of the information will be sent to Awarding Organisations and the Department for Education and Skills and the Learning and Skills Council (a Government agency which is registered under the Data Protection Act 2018). This is mainly for statistical purposes but also allows the council to share information with other organisations to help detect and avoid fraud. The college can provide you with further details about data confidentiality if you wish.

I understand that it is my responsibility to check my statement of Entry and the Exams Timetable for the details of my exam.

Student signature

Date