Examination Entry Form

Please return completed form to the Finance Office if fee payable or to Exams if no fee is due.
Top Copy – To be handed back to the Exams Department
Bottom Copy – retained by learner until exam date

Exams Department
SGS College (Filton site)
Tel: 0117 909 2256
(Stroud site)
Tel: 01453 761263

First name:

Surname:

Address:

Postcode: **Tel.:**

DoB:

FOR OFFICE USE ONLY:

Student code:

Cand. No:

Please complete all sections using block capitals

Examination Board

Year and month of exam

UCI Number (if you have previously sat this subject at another centre)

Module Code	Subject	Grade / Level	Re-sit (Tick)	Aggregation / Cash in Required (Tick)	Staff Signature	Fees

Total:

All fees listed above must be authorised by the Exams Office:

Signed: Date:

Method of payment Please tick one box

☐ Student ☐ Sponsor / College

Payment

Either I enclose a cheque for: £

Payment

OR I intend to pay by cash (Tick)

Payment

OR I wish to pay by debit / credit card (Tick)

Please ensure we have a phone number to call you on if you cannot make the payment in person.

Receipt to be attached here and the WHITE copy returned to the Exams Dept before any relevant entry deadline.

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 the Department for Education and Skills and the Learning and Skills Council (a Government agency which is registered under the Data Protection Act 1988). 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 the Exams Timetable for the details of my exam.

Student signature **Date**