



# The Registry

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## REQUEST FOR EXAMINATION LEAVE

Please complete in **Block Letters**:

Name \_\_\_\_\_ Email address: \_\_\_\_\_

Student Classification: Year1 [ ] Year 2 [ ] Year 3 [ ] Year 4 [ ] [ ] Full-time [ ] Part-time

Programme of Study \_\_\_\_\_ Minor/Emphasis \_\_\_\_\_

Mth. & Yr. Entered \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_ Contact # \_\_\_\_\_

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