EDINBURGH NAPIER UNIVERSITY

Examination Requisition Form

The information on this form assists Student Administration and Invigilators with the delivery of your Examination. Therefore please complete in full and indicate clearly where there is an option.

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| Module Title:  | Module Number:  |
| Examiner(s):  | Tel Ext: Tel Ext: |

**MODULE INFORMATION**

***The Examiner must be available at the Exam location for the first 15 minutes of the Examination.***

|  |  |
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| School Administrator:  | Tel Ext:  |

 **EXAMINATION INFORMATION**

|  |  |
| --- | --- |
| Academic Session: | Choose an item. |
| Examination Diet: | Choose an item. |
| Number of Students: |  |
| Number of pages in Examination paper (including front cover): |  |
| Number of Questions: |  |
| Duration of Exam: |  |
| Reading Time: | Choose an item. |
| Total Exam Duration: |  |

 **INSTRUCTIONS FOR THE EXAMINATION**

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| --- | --- |
| Open Book Examination**:** | Choose an item. |
| Separate Script Book: | Choose an item. |
| Answer on Examination question paper: | Choose an item. |
| Calculator (programmable ones are not allowed) | Choose an item. |
| Please indicate if paper dictionaries are allowed:(Electronic dictionaries are not allowed in Examinations)  | Choose an item. |
| Items to be handed out with Examination Papers:(supplied by the School)  | Choose an item. |
| Items to be handed out with Examination Papers:(supplied by Student Admin) | Choose an item. |

**ADDITIONAL INFORMATION FOR THE EXAMINATION**

**CONFIRMATION -** I confirm that this information constitutes a complete and accurate list of requirements for the Examination and that the **Examination paper has been fully checked and moderated**. Any changes to the above will be notified by the School to Student Administration immediately.

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| Authorised:  |  | Date: |  |