**UNIVERSITY OF GHANA**

**COLLEGE OF EDUCATION**

**EXAMS TIMETABLE COMPLAINTS FORM**

**NB:** This form may be completed for submission by the Regional Centers.

**CLASHES**

Please note that two exams in one day at different start times do not constitute an exam clash.

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| --- | --- | --- | --- | --- |
| **Course code** | **Course Title** | **Date of exam** | **Time of Exam** | **Proposed date and time(if any)** |
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**OMISSIONS**

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| --- | --- | --- |
| **Course Code** | **Course Title** | **Proposed date and time of exam (if any)** |
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**WRONG CODES/ TITLES**

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| --- | --- | --- | --- |
| **Wrong code/title** | **Correct Code/Title** | **Date** | **Time** |
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**Name: ………………………………………………**

**Sign: ……………………………**

**Centre: ……………………………………………..**

**Student ID: …………………………….**

**Phone no: …………………………….**

**Level:** **……………………………….**