**UNIVERSITY OF GHANA**

**COLLEGE OF EDUCATION**

**ACADEMIC OFFICE**

**FORM FOR EXAM TIME-TABLE COMPLAINTS**

This form may be completed for submission by the Regional Centres.

**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**

|  |  |  |
| --- | --- | --- |
| Course Code | Course Title | Proposed date and time of exam (if any) |
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|  |  |  |

**Wrong codes/titles**

|  |  |  |  |
| --- | --- | --- | --- |
| Wrong code/title | Correct Code/Title | Date | Time |
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Name:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Centre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_