



UNIQUE SIXTHFORM

REQUEST FOR DEFERRAL EXAMS

Please complete deferral form and submit with supporting evidence to the examination officer via EXAMS@UNIQUESIXTHFORM.CO.UK

Personal Details

Candidate Name in full:

Candidate Number:

Date of Birth:

Registered Exams Series:

Exams board	Qualification	Subject	Sub. Code

Details of Circumstances;

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Are you providing medical evidence, if yes, type of Supporting Documentation?

When do you want to intention to sit exams?

(Rember, you will get only one-time chance to deferral exams, if you want to do further second time you have to pay the full amount of fees)

CANDIDATE DECLARATION:

By submitting this form via your exams centre email address, you are confirming and consenting to the following:

I declare that, to the best of my knowledge, all the information I have supplied/attached with this form is true, accurate and complete and acknowledge that the submission of fraudulent information could lead to the exams centre taking disciplinary action.

I give my consent for this information to be circulated to the relevant members of staff for the purpose of processing and investigating my request.