Dictionary Permission Form

See instructions on the back of the form

Attention: Examinations Officer

Approval is granted for the student listed below to take a Dictionary [type identified below] into the following examination.

All fields below must be completed.

STUDENT NAME:  .............................................................................................................................

STUDENT UNID:  ...............................................................................................................................

DICTIONARY TYPE:  ...........................................................................................................................

COURSE CODE:  .................................................................................................................................

EXAMINATION DATE:  ........................................... AM/PM

EXAMINATION ROOM:  ......................................................................................................................

Important: The Dictionary must be delivered by the student to the Examinations and Graduations Office [Melville Hall, Building 12], with this signed and completed permission form, on the working day prior to the actual examination date.

[School/Centre/College Use Only]  

Authority (Lecturer):  ....................................................................................................................

[Please Print Name]

Signature:  ................................................................. Date:  .............
**Instructions:**

1. Fill out the appropriate details above

2. Take the form to your **Lecturer to sign.** You must show them the dictionary you will be using in the exam.

3. You must take the **signed form** and your **dictionary** to the Examinations Office (located under Melville Hall) one working day before your exam.

4. The Examinations Office will bring your dictionary to the exam on your behalf. **Make sure your name is written in your dictionary.**