

**HOSTED EXAMINATION FORM**

(for examinations to be hosted by Oxford Brookes University)

**Institution Details**

Name of Institution

Address

Province/State/County

Country

Zip/Post code

**Institution Contact Details**

Name of contact

Contact’s email address

Telephone No

**Student Details**

Student Name

Student Number:

Student’s email address

Telephone No

Mobile No.

**Examination Details**

|  |  |
| --- | --- |
| Examination Details | Timetabled |

|  |  |  |  |
| --- | --- | --- | --- |
| Module Number | Module Title | Date of Exam | Time (UK) |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Fees**

|  |  |
| --- | --- |
| First Host exam on behalf of Overseas Institution (£300) | **£** |
| Additional host examination(s) on behalf of Overseas Institution taken in the same examination period (£100 each) | **£** |
| Host exam on behalf of UK Institution (£100 each) | **£** |

|  |  |
| --- | --- |
| **Total Charge** | **£** |

**Payment Details**

(Please tick the relevant payment options)

**Fee to be paid by Institution**

An invoice will be sent to the Institution at the address provided overleaf. The Institution

will be responsible for payment

**Fee to be paid by candidate**

Please make your payment via the Brookes online shop at http://shop.brookes.ac.uk/browse/product.asp?compid=1&modid=1&catid=267

***Please return this form to:***

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United Kingdom