

**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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