

Viewing of Murdoch University Exam Script Form

Please fill in the form before submitting to the SSD office. Incomplete information will not be processed.

Student Name:

Student Number:

Programme: BCom / BMC / BIT / MBA / MHRM
Delete where applicable

Semester: Year:

Module Code 1:

Module Name 1:

Module Code 2:

Module Name 2:

Module Code 3:

Module Name 3:

Date Submitted:

Please tick and complete the checklist below:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I have received my breakdown marks from the respective Unit-Coordinator
<input type="checkbox"/>	<input type="checkbox"/>	I have sought advise from the Unit- Coordinator of my academic performance
<input type="checkbox"/>	<input type="checkbox"/>	I have valid grounds to appeal and have a good chance with the outcome

For Official Use Only SSD Date Stamp and Signature received	
Form Number:	
<input type="text"/>	
SSD Name:	
<input type="text"/>	