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| **Late Examination Result Submission** |
| School: |  |
|  |
| Course Code: |  |  |  |  |
|  |
| Course Title: |  |
|  |
| Number of Students Affected: |  |
|  |
| Date of Submission of Results to External Examiner: |  |
|  |
| Expected Date for Results: |  |
|  |
| What information has been given to Students: |  |
|  |
| Explanation for Late Return of Results: |
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|  |
| Signed by Course Co-ordinator: |  |
|  |
| Signed by Head of School: |  |
|  |
| Date: |  |
|  |
| This form should be completed for each course for which results will be returned after the published deadline. Forms to be submitted to studentrecords@abdn.ac.uk. |