THE UNIVERSITY OF THE WEST INDIES
Mona Campus

STUDENTS EXAMINATION HANDBOOK
NOTICE TO ALL STUDENTS WRITING EXAMINATIONS

EXAMINATIONS TIME-TABLE

Please note that Morning sessions begin at 9:00 a.m., Afternoon sessions at 1:00 p.m. and the Evening sessions at 4:00 p.m.

1. The First Semester Examinations will begin on Thursday December 2, 2010.
2. For candidates reading for the Associate of Science Degree, the Morning Sessions begin at 9:00 a.m. And the Evening Sessions
3. The Examinations Time-Table is published on the

Examinations Official Notice Board at the Senate Building or the Notice Board at each Main Office at least one month before the start of the examinations.

4. Some Level One examinations are “cross campus” and take place at the same time on all three campuses. It is therefore not a simple matter to alter the date of an examination.
BORROWING OF EQUIPMENT DURING EXAMINATIONS

1. All students are hereby notified that NO BORROWING OF EQUIPMENT WILL BE PERMITTED DURING EXAMINATIONS.

2. Students are further advised to come to examinations fully equipped with the tools which they may need for the particular examination.

3. Students are further instructed to bring as little as possible with them into the examination rooms as there is no space for the storage of large bags and books.

PROHIBITED ITEMS

Candidates are hereby warned that the following items must not be taken into any examination room.

- Cellular Telephone
- Pagers
- Personal calculators
- Note card cases

IDENTIFICATION AT EXAMINATIONS

Candidates are required to bring their IDENTIFICATION CARD to each Examination. They must produce their Identification Cards on the request of the Invigilator or any other authorized person, and they must display their identification cards in a prominent position on their desks. [Examination Regulation 91 (i)]

IDENTIFICATION CARDS

1. A STUDENT WHO FORGETS TO TAKE ALONG HIS/HER I.D Card to the Examination Room should report to the CHIEF INVIGILATOR on entering the room. Any student who cannot produce a valid I.D. Card to the Chief Invigilator will be fined J$100.00 [Reference Regulation 91(ii)].

2. The student will not be barred from sitting the Examination without the I.D. Card provided that he/she can identify himself/herself to the satisfaction of the CHIEF INVIGILATOR and that he/she signs an undertaking to report to the Assistant Registrar, Examinations or the Resident Representative/Director, immediately after the relevant examination.

3. Should a student lose his/her I.D. Card, he/she should immediately contact the Human Resource Management Division of the Registry or the Resident Representative/Director for advice on arrangements for the issue of a new I.D. Card.
REVIEW OF EXAMINATION RESULTS

1. Request for Review in the case of the First Semester must be made by the first Friday of the Second Semester or within five days of the publication of results. Distance Education, NCC and TLI students may communicate their dissatisfaction in writing through the Resident Tutor or TLI Co-ordinator by the deadline above.

2. The onus is on the student to acquaint himself/herself with FACULTY REGULATIONS which are printed in the booklet. MEDICAL CERTIFICATES

PLEASE NOTE EXAMINATION REGULATION 21 (II) (V) AND PARTICULARLY 21 (ii) WHICH STATES:

“IN CASES OF ILLNESS THE CANDIDATE SHALL PRESENT TO THE CAMPUS REGISTRAR A MEDICAL CERTIFICATE, AS PROOF OF ILLNESS, SIGNED BY THE UNIVERSITY HEALTH OFFICER OF BY OTHER MEDICAL PRACTITIONERS APPROVED FOR THIS PURPOSE BY THE UNIVERSITY. THE CANDIDATE SHALL SEND THE MEDICAL CERTIFICATE TO THE CAMPUS REGISTRAR WITHIN SEVEN DAYS FROM THE DATE OF THAT PART OF THE EXAMINATION IN WHICH THE PERFORMANCE OF THE CANDIDATE IS AFFECTED. “A CERTIFICATE RECEIVED AFTER THIS PERIOD WILL BE CONSIDERED ONLY IN EXCEPTIONAL CIRCUMSTANCES”.

IF YOU VISIT YOUR PRIVATE DOCTOR YOU MUST ASK HIM/HER TO SEND A CONFIDENTIAL MEDICAL REPORT IMMEDIATELY OR THROUGH REPRESENTATIVE TO:

DR. BLOSSOM ANGLIN-BROWN MEDICAL DIRECTOR
UNIVERSITY HEALTH CENTRE
UWI MONA, KINGSTON 7

SO THAT YOUR CASE MAY BE CONSIDERED BY THE BOARD OF EXAMINERS. MEDICAL CERTIFICATES WHICH SIMPLY STATE: “Mrs./Miss/Mr. X was unfit for work on “x” days” are NOT valid and will not be accepted. Please bring this to the attention of your doctor.

Georgia Anderson for University Registrar
2010/11/09
To: Assistant Registrar, Examinations

From: _____________________________________________________________________________________________________________________

Name of Doctor (BLOCK LETTERS)

Office Address:  ______________________________________________________________________________________________________________

This is to certify that I examined

(Mrs./Miss/Mr. : _________________________________________________________________________________________________________________)

of __________________________________________________________________________________________________________________________

(Address)

on______________________________________________________________________________________________________________________

(He/She is suffering from ______________________________________________________________________________________________________

In my opinion he/she should be granted sick leave for _________________________ day(s) from _________________ to _____________________ inclusive.

Name of attending doctor __________________________________________________________________________________________________________

Signature of attending doctor _______________________________________________________________________________________________________

Date: ______________________________________________________________________________________________________________________ ____. 
Section B
(To be completed by Student)

Name: ___________________________________________________________________________________________________________________________________
(Surname)                                                               (Christian Name)                                              (Middle)
Faculty: _____________________________________________________________________________________________________________________________

Undergraduate/Postgraduate
Status: __________________________________________(Full/Part-Time)                 Academic Year: ________________  U.W.I. ID No. ____________________

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<th>Course Code</th>
<th>Course Title</th>
<th>Date(s) of Exam(s)</th>
<th>Time(s) of Exam(s)</th>
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Signature of Candidate ____________________________________________ Date _________________________

NB. Completed form to be submitted by the student to:
Dr. Blossom Anglin-Brown Medical Director
The University of the West Indies, Mona Campus
Kingston 7