



Examination Form

Name: _____

Address: _____

Email address:

Telephone No:

I understand that it is a condition of my study visa that I must sit an end of course external exam. The fee will be chargeable in addition to the normal course fee. My teacher, in association with the College examinations officer, will enter me for this exam at an appropriate level relative to my ability.

I understand that I will be notified in reasonable time of the time, place and exam fee.

Signature _____

College stamp:

**31-32, North Cumberland Street
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+ 353 1 538 1502
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