

## EXAMINATION PROCEDURE

Exams are designed to test both your recall of course content, set tasks, assignments and research as well as your ability to make conclusions from your learning experiences. Please note that exam results alone will not determine whether you pass or fail the course, but will be part of your overall assessment.

Exam application forms will not be accepted until all assignments have been submitted, marked and returned to the student.

To sit the exam at a location convenient to you, please follow the following steps:

1. Nominate an adjudicator to supervise the exam. This must be a reputable person such as:
  - \* An employer
  - \* Justice of the Peace
  - \* Librarian
  - \* School principal or teacher
  - \* Minister of Religion
  - \* Police Officer
  - \* Manager of a business or organisation (established for more than 5 years)

**\*Note: RELATIVES ARE NOT ALLOWED TO ACT AS AN ADJUDICATOR**
2. Nominate a date, time and place for the exam. This is usually held at the adjudicator's office.
3. Submit your exam application at least 2 weeks prior to your chosen exam date.

Your exam papers will be forwarded to your adjudicator via email. The adjudicator will conduct the exam and collect it from you upon completion. The exam papers will be returned to the school by the adjudicator after he/she has signed, stamped and dated the papers. Please allow 2-3 weeks for your exam to be marked and returned to you.



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## EXAM APPLICATION

STUDENT'S NAME: .....

COURSE/MODULE NAME: ..... COURSE CODE: .....

EXAM DATE:..... EXAM TIME: .....

### ADJUDICATOR'S DETAILS:

NAME: .....PHONE#: .....

OCCUPATION / POSITION: .....

ADDRESS: .....

STATE: ..... POSTCODE: ..... COUNTRY: .....

EMAIL: .....

- *Should you wish to sit your exam at the school or for further payment options, please contact [studentservices@acs.edu.au](mailto:studentservices@acs.edu.au)*

**PAYMENT DETAILS: EXAM FEE AUD\$55 (GST incl) / OVERSEAS STUDENTS: AUD\$50 (ex GST)**

CREDIT CARD TYPE: AMEX / Visa / Mastercard

CREDIT CARD NUMBER: ..... EXPIRY DATE: .....

CARD HOLDER'S NAME: ..... SIGNATURE: .....