



UNIVERSITY *of the*
SOUTHERN CARIBBEAN
Andrews University Extension & Affiliated Programme

EXAMINATION COUNCIL REQUEST FOR LETTER TO EMPLOYER

Student Name: _____ Date: _____

USC ID No: _____ Cell Number: _____

Email Address: _____

Please indicate the following information for the person for whom the letter is intended:

Name of person: _____

Job title: _____

Name and Address of Company or Place of Employment:

Please indicate the courses for which you are having exams, as well as date and time of your exam:

COURSE ACRONYM	LECTURER	EXAM DATE	EXAM TIME

IN 1 WEEK, PLEASE CHECK THE EXAM COUNCIL REPRESENTATIVE OF YOUR SCHOOL FOR AN OFFICIAL REPLY TO THIS REQUEST.

For Official Use