



**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, P O BOX, BRIDGETOWN
SCHOOL FOR GRADUATE STUDIES & RESEARCH**

TO BE COMPLETED IN DUPLICATE

**APPLICATION FOR RE-MARKING OF EXAMINATION SCRIPT(S)
REGULATIONS 80-84 & 86 (Section 2) of the
Regulations for Graduate Diplomas & Degrees Booklet**

Name: _____ Student I.D# _____
 Phone: # _____ Email _____
 Faculty: _____ On Campus Distance
 Department : _____ Programme: _____

Examination Period: Nov/Dec (Semester I) _____ academic year
 May/June (Semester II) _____ academic year
 July/August (Summer) _____ academic year
 Resit/Supplemental _____ academic year

Date of Publication of results:- _____

Have you already been awarded your degree? Yes No

Date of award of degree (if applicable) _____

Have you reported your dissatisfaction in writing to the Campus Registrar? Yes No

If yes, please indicate date: _____

Have you met with the Head of Department/Chairman of Campus Committee? Yes No

If yes, please indicate date: _____

	<u>COURSE CODE</u>	<u>TITLE</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

I hereby request a re-marking of the above-examination script(s).

Signature: _____ Date: _____

Note:
In the case of the re-marking of a script under Regulation 82, the mark of the new and independent examiner(s) shall be regarded as the final mark.

FOR OFFICIAL USE ONLY
Receipt No:
Amount Paid:
Date Paid:
Received By:

*Reg 82. The student, **no later than 2 working days** after seeing the Chairman of the Campus Committee, the Head of Department or his/her nominee, may inform the Campus Registrar that he/she wishes to have examination re-marked, and must pay a fee of BDS\$130.00 to have this done.*

Please note that the re-mark fee is *NON-REFUNDABLE*.