



**THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS**

OFFICE OF THE CAMPUS REGISTRAR

APPLICATION FOR RE-MARKING OF EXAMINATION SCRIPT(S)

NAME: _____

(Surname) (First Name) Middle Name)
Miss [] Mrs. [] Mr. [] Dr. []

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NO. _____

STUDENT I.D. NO.: _____

FACULTY: _____

DEPARTMENT: _____

PROGRAMME _____

Bachelors [] Masters [] Other [] _____

FULL-TIME []

PART-TIME []

ACADEMIC YEAR _____

CODE	COURSE(S) TITLE	SEMESTER
FINALIZING STUDENT		YES [] NO []

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

Signature of Applicant

Date

NOTE:

- (a) A fee of \$2,000.00 per script is payable for re-marking by a new Examiner (Examination Regulation 144).
- (b) This is refundable if the conditions set out in Examination Regulation 145 are met.
- (c) "Re-marking shall not apply to coursework which counts for 60% or less of the total assessment of the course and when such coursework consists of more than one (1) piece, none of which individually exceeds 40% of the total assessment provided that where a single piece of coursework counts for more than 40%, re-marking shall be allowed for that piece" (Examination regulation 148).