



EXAMINATION RECHECK APPLICATION 2008/09 FORM A/R 1

Notes

The General Assessment Regulations (first edition 1998, revised 2002), among other things, make provision for an examination result recheck procedure. These and other Regulations are available to all candidates and those considering appealing a decision of an Examination Board are advised to review the relevant Regulations. Candidates who wish to discuss their examination performance in any assessment shall do so initially with the relevant internal examiner(s) or, where considered necessary, with the relevant Head of School as provided for in para 13.1.1.

This form should be returned together with the fee to the Examinations Office within three working days of the publication of provisional examination results on the official notice board. **The recheck fee is €15 per subject.** In the event that a recheck application is successful the fee will be refunded.

Please complete this form in **LEGIBLY** in **BLOCK LETTERS (using black ink)** or in **TYPESCRIPT**.

1. Name: _____

Student Number: _____

Home address: _____

Correspondence
address:
(if different from above) _____

Telephone Number(s)
at which you may
be contacted: _____

Fax No. _____ E-mail: _____

2. DIT Faculty: _____

School/Department: _____

Course: _____

Year / Stage: _____

Year: 200____ (Sessional / Supplemental / Semester) [delete as appropriate]

Examination number: _____

Date of publication of Provisional Examination Results _____

3. Where a recheck of examination subject(s) is sought please state the subject(s) you wish to have rechecked. [A recheck (see 13.1.3) is not a reassessment of the examination script].

Subjects

_____	_____
_____	_____
_____	_____
_____	_____

4. **Candidate's Signature:** _____ **Date:** _____

For Official Use Only

Fee received: _____ Receipt Number: _____ Date: _____

Examination Recheck Application received by Head of School:

Date: _____

Signed: _____
Head of School

To be completed by the Examiner and returned promptly to the Head of School

Examiner(s) Name(s) _____

Contact Telephone No(s): _____

Having examined the script number _____ for examination subject _____
there is no change in the result/there is a change in the result [delete as appropriate].

If there is a change in the result please outline the details of the amended result:

Examiner(s) signature(s): _____

Date: _____
