



**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS**

APPLICATION FOR REMARK OF EXAMINATION SCRIPT(S)

NAME: _____

STUDENT ID No: _____

EMAIL ADDRESS: _____

ADDRESS: _____

TELEPHONE NO: _____ (h) _____ (Cell)

COURSE(S) CODE AND TITLE:

I HEREBY REQUEST THAT MY EXAMINATION FOR THE ABOVE COURSE(S) be:
RE-MARKED

A fee of BDS\$125.00 per script is payable for re-marking of scripts. The student must present the Cashier's receipt along with the application for the RE-mark to the Examinations Section. No application for a Re-mark will be processed without proof of payment

.....
Signature

.....
Date

N.B: : In the case of the re-marking of a script(s) under Regulation 122, the mark of the new and Independent Examiner(s) shall be regarded as the final mark". [Examination Regulation 127].

NO APPLICATION FOR RE-MARKING OF SCRIPTS WILL BE ACCEPTED AFTER THE DEADLINE DATES.