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|---|---------------------|---------------|
|  | <b>EXAMINATIONS</b> |               |
| <b>REQUEST FOR ASSESSMENT REMARKING</b>   | <b>Reference</b>    | <b>F-7-27</b> |
|   | <b>Issue/Rev.</b>   | <b>1/0</b>    |

**REQUEST FOR ASSESSMENT REMARKING**

Re-marking requests are only considered if feedback on the assessment item has been sought and received. Incomplete and late forms WILL NOT be accepted.

**Read and follow the process below**

- 1. Appeal is made in writing to Senate by the student
- 2. Complete this form only if you still wish to formally request a remark
- 3. Application must be deposited with the examinations office within 7 working days after the release of the marks for that piece of assessment /examination

**Student Details (please write in CAPITAL LETTERS)**

Student Reg.No

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Student Email: \_\_\_\_\_

Signature \_\_\_\_\_

Unit code \_\_\_\_\_

Unit name/title \_\_\_\_\_

**RE-MARK REQUEST**

Unit Title..... Unit Code.....

Examination date .....

Grade/mark received for the assessment item/Examination                      **Yes**                            **No**     

Have you received a final result for this course?                                      **Yes**                                            **No**     

The mark awarded does not reflect your performance with respect to your potential and published assessment criteria. Please provide us with a written explanation.....

.....  
.....

I confirm that all the information provided above is correct and also take the fully responsibility that upon remarking, the awarded grade will replace the original mark, which may result in a higher or lower mark and/or grade.

Signature.....

Date.....

**OFFICIAL USE ONLY BY ZETECH UNIVERSITY**

**PRIOR TO RESULTS RELEASE**

**REMARK RECOMMENDED BY: Head of department/Dean**      Yes            No     

Did the head of department through the assistance of departmental lecturers assess the need for remarking?

Reason for recommendation

.....  
.....

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**REMARK RECOMMENDED BY: External Examiners (Tick)**      Yes            No     

Did external examiners evaluate and recommend the need for remarking?

Reason for recommendation .....

.....  
.....

**AFTER RESULTS RELEASE**

**Remark recommended by: Head/Dean of department (Tick)**      Yes            No     

Reason for recommendation .....

.....  
.....

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approved by: Academic registrar (tick)**      Yes            No     

Reason for recommendation .....

.....  
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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**NB: Faculties/department are required to forward a record of the outcome AFTER REMARKING to examination office/Office secretary /Registry for consideration on the results slip/transcript**

**Updated in the ERP by: Examination officer/Exam Secretary /Registry**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Student advised of outcome and that they can check results (please tick)      Yes            No

| Activity     | Responsibility            | Signature   |            |
|--------------|---------------------------|---|------------|
| Prepared by: | Management Representative |  | 22/06/2015 |
| Approved by: | Vice Chancellor           |  | 22/06/2015 |