



ZETECH UNIVERSITY

EXAMINATIONS

REQUEST FOR ASSESSMENT REMARKING

Reference F-7-27

Issue/Rev. 1/0

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

Grid for registration number

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.....

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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

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.....

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

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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