

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.

MAILING ADDRESS(*Type below*):

PHONE NO.: _____ STUDENT ID NO.: _____

FACULTY: _____ SEMESTER: _____

FULL-TIME

PART-TIME

CODE	TITLE OF COURSE(S)
_____	_____
_____	_____
_____	_____
_____	_____

- NOTE:**
- (a) *A fee of \$2,000.00 per script is payable for re-marking by a new Examiner (Examination Regulation 144).*
 - (b) *This fee 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 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).*