



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, P. O. BOX 64, BRIDGETOWN, BARBADOS
STUDENT AFFAIRS – EXAMINATIONS SECTION
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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 REMARKED.

A fee of BDS\$130.00 per script is payable for remarking of scripts. The student must present the Cashier's receipt along with the application for the Remark to the Examinations Section. No application for a Remark will be processed without proof of payment.

.....
Signature Date

N.B: "In the case of the remarking of a script(s) under Regulation 143, the mark of the new and Independent Examiner(s) shall be regarded as the final mark". [Examination Regulation 146].

NO APPLICATION FOR REMARKING OF SCRIPTS WILL BE ACCEPTED AFTER THE DEADLINE DATE.

(FOR OFFICIAL USE ONLY)

Amount paid \$ _____	Receipt # _____
Signature _____	Date _____
Actioned by _____	Action date _____