



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

**APPLICATION FOR A
DISCUSSION (Go through) OF EXAMINATION SCRIPT(S)**

NAME: _____

STUDENT ID No: _____

ADDRESS: _____

TELEPHONE NO: _____ (h) _____ (Cell)

COURSE(s) CODE AND TITLE:

I HEREBY APPLY TO HAVE MY EXAMINATION FOR THE ABOVE COURSE(S):

**DISCUSSED (GO THROUGH SCRIPT) – Applicable ONLY for FAILED script(s)
[University Examination Regulation 143.**

.....
Signature

.....
Date

N.B Students are hereby informed that Discussion (go through) of a FAILED script with the Examiner will NOT cause the grade to change. The Examiner is not required and will NOT re-mark the script.

NO APPLICATIONS FOR DISCUSSION OF SCRIPTS WILL BE ACCEPTED AFTER THE DEADLINE DATES.