



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

**APPLICATION FOR REMARK OF EXAMINATION SCRIPT(S)**

NAME: \_\_\_\_\_

STUDENT ID No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ (h) \_\_\_\_\_ (Cell)

COURSE(s) CODE AND TITLE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY REQUEST THAT MY EXAMINATION FOR THE ABOVE COURSE(S) be:  
**RE-MARKED**

A fee of BDS\$125.00 per script is payable for re-marking of scripts. The student must present the Cashier's receipt along with the application for the RE-mark to the Examinations Section. No application for a Re-mark will be processed without proof of payment.

.....  
Signature

.....  
Date

N.B: : In the case of the re-marking of a script(s) under Regulation 142, the mark of the new and Independent Examiner(s) shall be regarded as the final mark". [Examination Regulation 147].

**NO APPLICATION FOR RE-MARKING OF SCRIPTS WILL BE ACCEPTED AFTER THE DEADLINE DATES.**