Central University of Technology, Free State

APPLICATION FORM
REMARKING AND VIEWING OF EXAMINATION SCRIPT

To be completed by the student:

Please indicate the applicable form	
APPLICATION FOR RE-MARKING OF AN EXAMINATION *SCRIPT* *(Complete no. 1, 2, 3, 4 and 6 only)*	*R80-00
APPLICATION FOR VIEWING OF AN EXAMINATION SCRIPT ***(Complete no. 1, 2, 4, and 6 only)***	*R220-00

STUDENT NUMBER	1.
FULL NAMES	1.
SURNAME	1.
POSTAL ADDRESS	1.
E-MAIL ADDRESS	1.
TEL. NO. OF APPLICANT	1.
FIELD OF STUDY	1.

SUBJECT AND SUBJECT CODE (E.g. Financial Accounting I REK10CB)	**MAIN OR RE-ASSESSMENT**	**DATE OF ASSESSMENT(S)**
2.	3.	4.

** Please Note: An administrative fee per subject, as determined by the* Deputy Vice Chancellor: Resources and Operations*, is payable before your application will be processed.*

5. I hereby declare that:
I have read the rules governing the application and the process for remarking and/or viewing of an examination script.

…… …….
DATE SIGNATURE OF APPLICANT

FOR OFFICE USE		
RESULT: APPLICATION FOR RE-MARKING OF AN EXAMINATION SCRIPT(S)		
No change was made to the mark		
The assessment mark is changed to	..... %	
..... ASSESSOR	..... DATE	
RESULT: APPLICATION FOR VIEWING OF EXAMINATION SCRIPT(S)		
I hereby declare that I have scrutinised my examination script(s) and that I am satisfied with the mark(s) allocated.	YES	NO
..... SIGNATURE OF APPLICANT	..... DATE	
..... EXAMINER	..... DATE	

RECEIPT NO:		DATE:	AMOUNT:
APPROVED	REJECTED	..... REGISTRAR	……. DATE