Examination Recheck Application Form

National College *of* Ireland

Recheck means the administrative operation of checking the recording and the addition of marks. A recheck can be applied to any examined assessment i.e. project and/or examination script comprised in a subject. The outcome of a recheck may mean a result is found to be higher or lower than initially indicated. (A recheck does not entail a remarking or re-evaluation of an examined assessment.)

This form should be completed (Sections 1 and 2 and Payment Information on page 3) and returned to the Exams Office by

The fee of €32.00 per subject must be included (please see attached sheet for payment options). This fee will only be refunded if your recheck is deemed to be successful. Where appropriate, the College Registrar may retrospectively exempt a student from the application of this rule.

Please note that it is the responsibility of the student to ensure that they comply with the correct procedures or your request will not be processed.

Section 1: Personal Details - to be completed by all applicants

First Name:

Surname:

Student No:

Course:

Year:

Address:

Tel No:

Email:

Section 2: Modules

A fee of €32.00 is required for each module that you wish to have rechecked or your request **will not** be processed. Please see payment options below.

Please indicate below the subject(s) that you would like to have rechecked and specify whether it is a recheck of the CA, Examination or Both that you require:

Semester 1

1.

2.

3.

4.

5.

Semester 2

1.

2.

3.

4.

5.

Student Signature: Date:

For Official Use Only

Application for review received:

Signed: Date:

Academic Registrar

Application Fee received: **Yes** ☐ **No** ☐ Date:

if yes, date review(s) administered:

Student informed of the result(s) **Yes** ☐ **No** ☐

Section 3: Payment Method

1. **Debit/Credit Card** – Please enter your card details below and return the completed form to: Fees Office, National College of Ireland, Mayor Street IFSC, Dublin 1.

IMPORTANT: PAYMENT BY CASH WILL NOT BE ACCEPTED

Please indicate the payment option you have selected in the box below:

Credit Card ☐		Debit Card ☐	
☐		☐	

If paying by card please fill out your card details below:

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐

Expiry Date (MM/YY): ☐☐\☐☐ security code (3 digits) ☐☐☐

Please print name of cardholder: _____

Signature of Cardholder: _____

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