

Examination Review Application Form



Review means the re-consideration in detail of all or part of the existing assessment material where feasible by the internal and external examiner(s). The outcome of a review may mean a result is found to be higher or lower than that initially indicated. A review will not be considered except under the three criteria listed below (Section B). If you wish to query a particular mark and do not have specific grounds for review under the three criteria (Section B) you can request a re-check (Form AR2). A review automatically includes a re-check.

This form should be completed (Sections A,B,C,D,E) and returned to the Exams Office by
A fee of **€80.00** per module must be included - see below for acceptable payment options. This fee will be charged if your review is deemed unsuccessful. Where s/he is of the opinion that such is appropriate, the Academic Registrar may retrospectively exempt a student from the application of this rule.

You must attach with this form any relevant medical or supporting documentation that you wish to be assessed with your application. This is documentation that has not been previously made available to the relevant staff and Examinations Board.

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

Title: Surname: Forename:
(Ms/Mrs/Miss/Mr/ Dr)

Student No:

Course:

Year:

Address:

Tel No:

Email:

Section 2: Grounds for Review

In order for your request for a review to be considered, your statement (Section D) must be clearly identified under one or more of the following three criteria. Please indicate below the grounds upon which your request for review is being made (tick as appropriate):

% The examination regulations of the College have not been properly implemented.

& The regulations do not adequately cover the candidate's case.

' " Compassionate circumstances related to the candidate's examination situation were not made known to the college, for a justifiable reason, by the candidate prior to or during the course of, the examination concerned and of which the Board of Examiners were unaware.

Section 3: Modules

A fee of €80.00 must be paid for each module you wish to have reviewed otherwise your request **will not** be processed. Please indicate below which modules you wish to have reviewed:

1. <input type="text"/>	5. <input type="text"/>
2. <input type="text"/>	6. <input type="text"/>
3. <input type="text"/>	7. <input type="text"/>
4. <input type="text"/>	8. <input type="text"/>

Section 4: Payment Method

- Cheque, Postal Order or Bank Draft**, made payable to National College of Ireland. Please ensure if paying by cheque/postal order/bank draft you write your name and student number on the reverse.
or
- 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 <input type="checkbox"/>	Cheque <input type="checkbox"/>
Debit Card <input type="checkbox"/>	Draft/Postal Order <input type="checkbox"/>
If paying by card please fill out your card details below:	
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiry Date (MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> security code (3 digits) <input type="text"/> <input type="text"/> <input type="text"/>	
Please print name of cardholder: _____	
Signature of Cardholder: _____	

Section 5: Grounds for Review

Please provide a statement overleaf (may be continued on additional sheets) detailing in full, all the circumstances and information you wish to be taken into account when considered for review:

Statement:

Blank lined area for providing a statement.

Lined writing area consisting of 25 horizontal grey bars.

Student Signature:

[Signature line]

Date:

[Date line]

Section 6: Additional Information Provided

Please list any additional items attached to your application form, e.g. medical certificates.

[Three empty text input fields for additional information]

For Official Use Only

Application for review received:

Signed: [Text Input] Date: [Text Input]
Academic Registrar

Application Fee received: Yes No Date: [Text Input]

Has the review request been approved Yes No

if yes, date review(s) administered: [Text Input]

Indicate if there is a change in result(s): Yes No

The student informed of the result(s) by letter Yes No

Signed: [Text Input] Date: [Text Input]
Academic Registrar