APPLICATION FOR RE-MARKING / RE-CHECKING OF EXAMINATION SCRIPT(S)

FINAL / SUPPLEMENTARY EXAMINATION
Trimester: _____ Year: _____
This form MUST reach ERU not later than ONE week after the official release of the results.

Part A : STUDENT

		Part B : FINANCE DIVISION	
Student ID		**Receipt No**	
Name		**Amount Paid**	
Faculty		**Signature**	
Handphone No			
Email address		**Stamp**	
Lecturer's Name			
Subject Code			
Subject Name		**Date**	

Part C : ERU

Current Marks :	**Current Grade :**

Part D : FACULTY / ACADEMIC CENTER

Coursework Marks :	**Final Exam Marks :**

D.1 : FIRST EXAMINER

Revision Marks :	**Revision Grade :**
Remark :	
Signature & Stamp :	
Date :	

D.2 : SECOND EXAMINER

Revision Marks:	**Revision Grade :**
Remark :	
Signature & Stamp :	
Date :	

Part E . Dean/Director's Decision: (to be filled by the student's Dean/Director)

Revision Marks :	**Revision Grade :**
Comment	
Signature & Stamp :	
Date :	

Part F. If there is any change of result, the following information is required: (to be filled by Faculty's Manager)

BOE Date :	**Senate Date :**
Signature & Stamp :	
Date :	

Part G. For ERU use:

Update Changes, Process and Release Result	**Signature & Stamp :**
	Date :