

# St. Patrick's College

## APPLICATION FORM FOR RECHECK/REVIEW OF RESULTS OF ASSESSMENT

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### *Definitions:*

A Recheck means the administrative operation of checking the recording and the addition of marks.

A Review means the re-consideration in detail of all or part of the existing examination material where feasible by the internal and external examiners. The grounds for a review may be specified under three headings:

- The examination regulations of the College have not been properly implemented
  - The regulations do not adequately cover the candidate's case
  - Insufficient consideration was given to compassionate circumstances related to the candidate's examination situation made known to the College by the candidate prior to or during the course of the examination concerned.
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1. Please complete this form in **BLOCK LETTERS** or in **TYPESCRIPT**. It must be lodged in Office of the Registrar within 7 working days of the publication of your results. The appropriate fee must accompany it (€75 per module). The College's code of practice relating to assessment and discipline should inform the completion of this form.
  2. This form should be completed in conjunction with the Assessment Appeals Procedures.
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3. Student Number: □□□□□□□□

Name: \_\_\_\_\_

Home Address:

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

Telephone Number(s) \_\_\_\_\_

4 I wish to have my results Rechecked  I wish to have my results reviewed

5 Programme of Study:

\_\_\_\_\_

6 Stage of Study (Year 1, 2, 3 or 4): \_\_\_\_\_

7 Indicate the examination element for which you are requesting a review

(i) Title of subject or examination paper: \_\_\_\_\_

(ii) Other: \_\_\_\_\_

8  **GROUNDS FOR Review**

**Indicate the grounds upon which the appeal is made (tick one or more as appropriate)**

8.1 The examination regulations of the College have not been properly implemented

E.g. Perceived defect in the administration of the examination process; any verifiable defect or inequity in the assessment of the prescribed curriculum in accordance with the criteria approved and ratified by the College.

8.2 Insufficient consideration was given to compassionate circumstances related to the candidate's examination situation **made known to the College by the candidate prior to or during the course** of the examination concerned.

E.g. Certified unexpected illness; bereavement, i.e. within immediate family

8.3 The regulations do not adequately cover the candidate's case

- 9 **REQUEST FOR REVIEW** – Please write clearly indicating your reason for this application. Please note that you must have valid grounds for an appeal/review – see question 8. This submission must identify the element or elements of the examination for which the review is being sought. It must also specify the grounds on which the review is sought and must contain all information, which the candidate requires to have taken into account in the review. Letters of certification of circumstances must be included with your application (e.g. medical certificates, death notice, etc.)

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*Please refer to the Assessment Appeals Procedures in Volume 3 of the Student Code of Practice.*

10. Candidate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only**

Fee Received:       £ \_\_\_\_\_

Review Decision: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signed by Chairperson of Appeals Committee:

\_\_\_\_\_  
**Chairperson**