THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES
SCHOOL FOR GRADUATE STUDIES & RESEARCH
● **Telephone: (868) 662-2002 Ext. 2616/3178/2209** ● **Fax 645-7327** ● **Email postgrad@admin.uwi.tt**

TO BE COMPLETED IN DUPLICATE

APPLICATION FOR RE-MARKING OF EXAMINATION SCRIPT(S)
REGULATIONS 80-84 & 86 (Section 2) of the
Regulations for Graduate Diplomas & Degrees Booklet

Name: _____ Student I.D# _____

Phone: # _____ Email _____

Faculty: _____ On Campus ☐ Distance ☐

Department :_____ Programme: _____

Examination Period: Nov/Dec (Semester I) _____ academic year
May/June (Semester II) _____ academic year
July/August (Summer) _____ academic year
Resit/Supplemental _____ academic year

Date of Publication of results:- _____

Have you already been awarded your degree? Yes ☐ No ☐

Date of award of degree (if applicable) _____

Have you reported your dissatisfaction in writing to the Campus Registrar? Yes ☐ No ☐

If yes, please indicate date: _____

Have you met with the Head of Department/Chairman of Campus Committee? Yes No ☐ ☐

If yes, please indicate date: _____

	CODE	**TITLE**
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

I hereby request a re-marking of the above-examination script(s)

Signature: _____ Date: _____

Note:
In the case of the re-marking of a script under Regulation 82, the mark of the new and independent examiner(s) shall be regarded as the final mark. (Refer to Regulation 146: Section VII of the Examinations Regulations Booklet)

FOR OFFICIAL USE ONLY
Receipt No:
Amount Paid:
Date Paid:
Received By:

82. The student, **no later than 2 working days** after seeing the Chairman of the Campus Committee, the Head of Department or his/her nominee, may inform the Campus Registrar that he/she wishes to have examination re-marked, and must pay a fee of BD$125.00 or J$2000.00 or TT$375.00 to have this done.

NB, the re-marking fee is non-refundable.