

EXAM RE-MARK REQUEST APPLICATION

Full Name _____

Student Number _____ ID Number: _____

Telephone No (Work) (_____) _____ (Home) (_____) _____

Fax No. (_____) _____ Email: _____

Postal Address _____

_____ Postal Code: _____

I request a re-mark of the following examination(s) written at _____

Examination centre:

	<u>Code:</u>	<u>Subject:</u>	<u>Date exam written:</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

I have attached my **RULES** PAYMENT PROOF OF PAYMENT of R270 per subject R

- 1) Students may apply for a re-mark only where they obtain an exam mark within the ranges **30 to 36%** and **40 to 46%**, depending on the pass mark (40% and 50% respectively).
- 2) Re-mark applications must reach the College not later than the communicated date after release of results.
- 3) The cost of a re-mark is R270 per subject. Payment or proof of payment must be attached to this form in order to be accepted by the College. Re-marks may only be requested by completing this official form.
- 4) Re-mark results may take up to three weeks to become available.
- 5) Where a student, who had failed, passes an exam after the re-mark, 50% of the re-mark fee will be refunded on request only.
- 6) Exam scripts remain the property of Damelin Correspondence College and are not released for viewing.

I have read and understand and accept the rules pertaining to re-marks outlined below.

Please email this document to the dccexamshelpdesk@icg.edu.za only.

Signature of student

Date