



**THE UNIVERSITY OF THE WEST INDIES**  
CAVE HILL CAMPUS, P. O. BOX 64, BRIDGETOWN, BARBADOS  
STUDENT AFFAIRS – EXAMINATIONS SECTION  
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## APPLICATION FOR REMARK OF EXAMINATION SCRIPT(S)

NAME: \_\_\_\_\_  
STUDENT ID No: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NO: \_\_\_\_\_ (h) \_\_\_\_\_ (Cell)

COURSE(S) CODE AND TITLE:

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

I HEREBY REQUEST THAT MY EXAMINATION FOR THE ABOVE COURSE(S) BE REMARKED.

A **NON-REFUNDABLE** fee of BDS\$130.00 per script is payable for remarking of scripts. The student must present the Cashier's receipt along with the application for the Remark to the Examinations Section. No application for a Remark will be processed without proof of payment.

.....  
Signature Date

**N.B:** "In the case of the remarking of a script(s) under Regulation 142 (b), the mark of the new and Independent Examiner(s) shall be regarded as the final mark". [Assessment Regulation 146].

NO APPLICATION FOR REMARKING OF SCRIPTS WILL BE ACCEPTED AFTER THE DEADLINE DATE.

(FOR OFFICIAL USE ONLY)

Amount paid \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Actioned by \_\_\_\_\_

Action date \_\_\_\_\_