



EUROPEAN UNIVERSITY OF LEFKE
ENGLISH PREPARATORY SCHOOL
RESCORE REQUEST FORM

Student Information	
Full Name:	_____
Student Number:	_____
Telephone/ Mobile number:	_____
E-mail:	_____

Objection to Exam Score			
I want the following to be rescored:			
Proficiency Exam (September) <input type="checkbox"/>	Proficiency Exam (January) <input type="checkbox"/>	Proficiency Exam (June) <input type="checkbox"/>	
Module Exam I <input type="checkbox"/>	Module Exam II <input type="checkbox"/>	Module Exam III <input type="checkbox"/>	Module Exam IV <input type="checkbox"/>

Reason for request

Student's Signature: _____ **Date:** _____

PLEASE SUBMIT RESCORE REQUEST FORM TO PREPARATORY SCHOOL STUDENT ADVISOR(S) OR SECRETARY.

This part will be completed by the student advisor(s).

The student has valid reason(s) for his/her paper to be rescored: Yes No

The paper has been rescored by: _____

Grade change after the rescored process: Yes No

Student's initial grade Student's final grade

Remarks

Signature(s): _____ Date: _____

Director: _____

Signature: _____

Date: _____

Approved: _____
Not Approved: _____