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) ☐  Proficiency Exam (January) ☐  Proficiency Exam (June) ☐
Module Exam I ☐  Module Exam II ☐  Module Exam III ☐  Module Exam IV ☐

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: ______