Cape Peninsula University of Technology
creating futures

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APPLICATION FOR REMARK OF EXAMINATION SCRIPTS
JUNE/SEPTEMBER/NOVEMBER

SURNAME:			
NAME:			
STUDENT NUMBER:			
QUALIFICATION:			
ADDRESS:			
		POSTAL CODE	
TELEPHONE (CELL)			

SUBJECT TO BE RE-MARKED	
SUBJECT CODE	

RESULTS (As shown on Advice of Results)

FINAL MARK	**ADJUSTED FINAL MARK**	**RESULT CODE**
_____	_____	_____
LECTURER NAME	**LECTURER SIGNATURE**	**DATE**

GENERAL CONDITIONS:

1.	The re-mark of an examination script is subject to the provisions as stated in the Student Rules & Regulation book (part 6.25) page 30
2.	Cost: **R360** per subject
3	Closing date: **First 2 weeks of academic term/semester**
4.	Cape Peninsula University of Technology cannot be held responsible for any delay in the re-mark process as the external examiners used are not directly answerable to CPUT

Banking details: CPUT Absa bank Account or CPUT Cashiers Office (Receipt Copy)
Absa Bank, Branch Code: **632005**, Account No: **4053548518**, Reference No: **Student No**.

DECLARATION:
I hereby declare that I have been fully informed regarding all the aspects of the re-mark of a question paper and I have read and understand the relevant rules. I accept the conditions of the CPUT Rules

_____ _____
SIGNATURE APPLICANT: **DATE:**

FOR OFFICE USE ONLY					
APPROVAL (Signature)					
RECEIPT NO		**DATE**		**AMOUNT**	**R360**

FOR OFFICE USE ONLY				
RECEIVED BY			**DATE**	

In compliance with the POPI Act, CPUT acknowledge that your information is private and confidential and will not be shared with any third party without your consent.