

Form ACRP 4502: Application for Examination Review Form



LIMERICK INSTITUTE
OF TECHNOLOGY
INSTITIÚID TEICNEOLAÍOCHTA
LUIMNIGH

APPLICATION FOR EXAMINATION REVIEW

NAME: _____

STUDENT ID: _____

ADDRESS: _____

PROGRAMME: _____ STAGE: _____

MODULE/RESULT TO BE REVIEWED: _____

SUMMER/AUTUMN (delete as appropriate)

THE GROUNDS FOR AN EXAMINATION REVIEW

The Institute is only prepared to consider requests for an Examination Review that are based on one of the following grounds:-

a) The examination regulations of the Institute have not been properly implemented, and where there is a prima facie case that this has had an adverse effect on the Candidates performance.

OR

b) Compassionate/Extenuating circumstances related to the Candidate's examination situation were made known to the Institute by the Candidate prior to or during or within 5 days of the examination concerned of which the Board of Examiners were unaware.

OR

c) There has been an error in the recording and addition of marks on particular paper (Application for an administrative recheck of the recording and addition of marks)

A student may not appeal against the academic judgement of the examiners

Please note:

1. A request for a review stating "I thought I should have done better" will not be accepted;
2. The result of the review request, because it involves a detailed reconsideration of your subject(s), may take some time.
3. Please use additional sheets if necessary.

Please indicate the grounds under which you wish to submit your application, by ticking appropriate box:

(a) (b) (c)

It is necessary:

Under point "a", that you specify which Institute regulation has not been properly implemented;

Under point "b", that you detail, in writing below, the particular compassionate circumstances, together with supporting documentation, which the Board of Examiners would not have been aware of:

Under point "c", that you detail, in writing below, where you perceive the error in the recording and addition of the marks:

SIGNED: _____
Student Signature

DATE: _____

Please note:

1. A request for a review stating "I thought I should have done better" will not be accepted;
2. The result of the review request, because it involves a detailed reconsideration of your subject(s), may take some time.
3. Please use additional sheets if necessary.

FOR COLLEGE USE ONLY

REVIEW FEE: _____

RECEIPT NO: _____

INITIALS: _____ DATE: _____

HEAD OF DEPARTMENT RECOMMENDATION IN RESPECT OF REVIEW PROCESS:

SIGNED: _____ DATE: _____
Internal or External Examiner

SIGNED: _____ DATE: _____
Head of Department

RESULT AUTHORISED FOR RELEASE: _____

SIGNED: _____ DATE: _____
Chairman, Board of Examiners

DECISION SENT TO STUDENT: _____ DATE: _____ INITIALS: _____

Information to accompany Form ACRP 4502: Application for Examination Review Form



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PROCEDURES FOR REVIEW OF EXAMINATION PAPERS

ACRP Part 1 Section 4.10.1 Examination Script Inspection

A candidate may apply to the Examinations Office to inspect his/her marked examination script(s). The candidate is advised to do so, prior to lodging a request for Examination Review.

ACRP Part 1 Section 4.10.2 Examination Review

Examination Review is the final appeal within the Institute against a decision of the Board of Examiners and means the rechecking and re-consideration in detail of all or part of the existing examination material.

ACRP Part 1 Section 4.10.4 Procedures to be followed to request an Examination Review

1. Application forms are available from the Examinations Department.
2. An application, signed by the applicant and accompanied by the appropriate fee for an Examination Review, should be received by the Examinations Office within five days of the publication of the Candidate's provisional results on the Institute Notice Board/Web Site. Only a written request for an Examination Review signed by the Candidate concerned will be considered.
3. The application for an Examination Review must identify the examination(s) for which the Examination Review is being sought. It must also specify with supporting statement the grounds on which an Examination Review is sought and must contain all information that the Candidate requests to have taken into account in the Examination Review.
4. The application will be checked by the Vice President Academic Affairs and Registrar to determine if the grounds for the Examination Review are met. This check will include an administrative recheck of the recording and addition of marks by the Head of Faculty/School/Department and/or the module lecturer(s).
5. Where the Vice President Academic Affairs and Registrar deems an application valid, the Application for the Examination Review shall be forwarded to the Head of Faculty/School/Department, who will ensure that this will be carried out within seven days.
6. When the Head of Faculty/School/Department suspects that a delay is envisaged by him/her in the process of Examination Review, the Head of Faculty/School/Department shall advise the Vice President Academic Affairs and Registrar in writing of the delay, the reasons for the delay and the expected completion date for the Examination Review. The Vice President Academic Affairs and Registrar shall so inform the Candidate in writing.
7. The Examination Review will normally be carried out by two people: Head of Faculty/School/Department or nominee, and Internal Examiner. Where necessary the External Examiner or an appropriate academic may substitute for Internal Examiner.
8. Decision on the Examination Review will be reported on the appropriate form to the Vice President Academic Affairs and Registrar by the Head of Faculty/School/Department.
9. Upon receipt of the Report the Vice President Academic Affairs and Registrar will instruct the Examinations Office to communicate the result to the Candidate.

REVIEW FEE: €50.00 per subject reviewed.

Please note: *Fees are refundable in the event of a review being successful.*