

Mary Immaculate College Student Services



Grade Recheck Request Form

Please note: A request for a grade will only be considered in the first two weeks following the issue of exam results. A fee of €25 is payable on issue of this form, refundable if the grade is changed. Submit your request directly to the Student Services Office(Room 112 – Foundation Building) for consideration. A separate form must be completed in respect of each module.

PART 1: TO BE COMPLETED IN BLOCK CAPITALS BY THE APPLICANT

Name:			
Student ID:			
Course:	Year of Study:	Academic Year:	
Mobile Number:	Email Address:		
I wish to request a Re-Check of my grade in Autumn <input type="checkbox"/> Spring <input type="checkbox"/> Annual Repeat <input type="checkbox"/>			
Current Grade:			
Name of Lecturer concerned:			
Have your requested other rechecks this semester? Yes / No If yes, please list the other module codes in this box.			

State reasons you are dissatisfied with the grade awarded:

Student Signature _____ Date: _____

APPLICANT MUST COMPLETE THIS SECTION CAREFULLY

In the event of an upgrade the fee will be refunded to your Bank Account

Bank Details/Sort Code and Account No.	Student Name

Office Use Only: €25 PAID: YES _____ No _____	Date Received:
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Part 11: TO BE COMPLETED BY RELEVANT ACADEMIC STAFF MEMBER FOLLOWING A RE-CHECK OF THE GRADE.

Re-grade Granted? Yes/No (delete as appropriate)
If Re-grade granted state New Grade:
Comments: (including reasons for change where relevant)

Reference: 4.2.4.4 Handbook of Academic Regulations and Procedures (University of Limerick)

The following procedure should be followed by the Academic Staff member responsible for the relevant module:-

- I. Review the exam script and the original assignment submission(s) where available. Re-grade the exam script and assignment to establish whether the original mark/grade was correct. Where a sufficient and intact record of the original assignment is not available, the original mark/grade assigned to that element of the assessment remains.
- II. Check to ensure that marks given to individual elements of the assessment are included in the total marks.
- III. Check that the original total mark, where applicable, is accurate and that the grade awarded is correct.

Lecturer Signature _____ Date _____

If grade is changed – PASS TO HEAD OF DEPARTMENT FOR AUTHORISATION

Department Head Signature _____ Date _____

RETURN TO THE STUDENT SERVICES OFFICE ONE WEEK FOLLOWING REQUEST OF RE-CHECK.