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| **POST RESULTS SERVICES**  **Application Form for January 2024**  **BTEC Level 3**  **Review of Marking & Copies of Exam Scripts** |  |
| Student Name:  Date of Birth:  Telephone Number:  Candidate No:  Email Address:  Please complete this form if you wish to order your script back (Free of charge) and/or if you are paying for a review of marking which you can pay via parentpay.  Alternatively, you can visit the exams office with your completed form and pay with your credit/debit card.  Please be aware of the very strict application deadlines. Orders must be made via the college exams office. | |

Things to mention:

* Reviews of the marking are usually returned to the Exams Office via an online system. A copy of the correspondence will be emailed to you using the email address provided on this form.
* Remember that the outcome of a review of marking can raise your grade as well as lower it.
* Most Awarding Bodies return scripts online to the Exams Office. These will be emailed to you using the email address provided on this form.
* You will need your unit/paper code to complete this form, For example: 31489H or 31619H
* The exams office will notify you via email, when your script/s arrive.

Any queries or concerns please contact the Exams Office.

Tel: **0121 704 2581 ext 2065/2066/2067** or email **exams@solihullsfc.ac.uk**

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| **Review of Marking** @ £45 per unit  This is a review of the original marking to ensure that the agreed mark scheme has been applied correctly.  APPLICATION DEADLINE: **1pm on 18 April**  Review should be complete within 30 calendar days | | | | | | | | | | | | | |
| Exam Board | Subject | Unit code | Total Fee | For Exam office use | Exam  Board | Subject | | Unit  Code | | Copy Script  (tick box) | Total Fee | | For exam office use |
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| **Student Consent:**  I confirm that where an enquiry about an externally assessed component/unit is made after the award of subject grade, I have been informed of the possible outcomes: A) original mark is confirmed and there is no change to grade. B) original mark is raised so final grade may be higher than the original grade received. C) original mark is lowered so final grade may be lower than the original grade received.  I the candidate am aware that the subject grade could be lowered and hereby give my consent for this enquiry to be made.  Signature: Date: | | | | | | | | | | | | | | |
| **Clerical Re-check** @ £20.  This is a re-check of all clerical procedures leading to the issue of a result.  This service will include the following checks:  • that all parts of the script have been marked:  • the totalling of marks:  • the recording of marks.  APPLICATION DEADLINE: **1pm 18 April** | | | | | | | | | | | | | | |
| Exam  Board | Subject | | Unit  Code | | | | Copy script (tick box) | | Total Fee | | | For exam use | | |
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| **Copy of Script**  **Pearson free of charge.**  **N.B.** It will not be possible to apply for a review of marking after receiving these scripts.  APPLICATION DEADLINE: **1pm 18 April** | | | | | | | |
| Exam  Board | Subject | For exam use | Exam  Board | Subject | Unit  Code | TotalFee | For exam use |
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**Student Consent:**

I consent for my script to be order by the exams office.

If any of my scripts are used in the classroom, I do not wish anyone to know it is mine. My name and

candidate number must be removed.

If any of my scripts are used in the classroom, I have no objections to other people knowing they are mine.



Signature: Date: