MI COLLEGE
INSPIRING EXCELLENCE

APPLICATION FOR REMARKING

Your Personal Details

Full Name			
Student Number		National ID card Number	
Contact Number		Email ID	

Course Details

Course Name		Batch Number	
Faculty		Campus	

Examination Script Details

Subject Name		Subject Code	

A separate form should be filled for each examination paper to be marked

Declaration

I declare that all the information given in this form are accurate and true. The College may verify information provided herein from appropriate sources.

Date		Signature	

Fees

Examination script will be marked only upon payment of MVR 50

To be filled by the Reception / Finance

Payment Received by			
Date		Signature		Stamp

For Examiners Use Only

To be filled after marking he script

Please Tick the appropriate statement

There has been changes after remarking	
There has been NO changes after remarking	

This part should be filled ONLY if there is a change in the marks after remarking

Marks before remarking		Marks after remarking	

THIS FORM MUST BE ATTACHED TO THE EXAM PAPER AND RETAINED

OFFICE USE ONLY

Form complete: Yes / No Date:	Form Received by:	Date Faculty notified:
Registrar Approval :	Student Notified on :	Letter reference:

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