

POST RESULTS SERVICE - REVIEW OF MARKING

St George's School
National Centre Number: 17505

SUMMER '24



CANDIDATE NAME _____ CANDIDATE NUMBER _____

For the following examinations:

| BOARD | TITLE | SUBJECT CODE* | SERVICE | COST | For admin. use | | |
|------------|-------|---------------|---------|------|-----------------------------------|------------------|-----------------|
| | | | | | Submitted | Outcome received | Script received |
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| Total cost | | | | | Card/BACS* * Please circle one | | |

***Please add /1, /2 or /3 to indicate paper required**

- Services available.
1. Clerical recheck
 2. Review of marking Level 2
 3. Review of marking Priority (Edexcel/Pearson only)
(Please add '+ script' if you would like a copy of your script when the result is issued)

I give my consent to the Centre making the above enquiries on my behalf. In giving my consent to a review of marking **I understand that the mark awarded to me for both the module and the overall grade may be lower than, higher than, or the same as that originally awarded to me in that subject.** I understand that a copy of each script requested will be provided to the department(s) concerned. I give my permission for scripts to be used for departmental development work or when teaching other students, subject to my name and any means of identification being removed.

Signed _____ Date _____

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| Contact mobile no. | _____ |
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Outcomes will be sent to the student's school e-mail address ONLY

THIS FORM MUST BE RETURNED BY:
1st OF SEPTEMBER - PRIORITY REVIEW OF MARKING (Edexcel/Perason only)
16th OF SEPTEMBER - ALL OTHER SERVICES