



Office of the Registrar

**Access to Information and Protection of Privacy** - The information on this form is collected under the authority of the *Memorial University Act (RSNL 1990 Chapter —7)* and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information contact the Associate Registrar, Registration and Enrolment Services at 709-864-8260.

## APPLICATION FOR REREAD OF EXAMINATION PAPER(S)

**Notes:**

- 1) *This application must be received by the Office of the Registrar within one month after the official release of grades in each semester. It may be faxed to 709-864-2337 with credit card information provided below.*
- 2) *A fee of \$50 per paper must be paid with this application. If the final letter grade in the course is raised after rereading or if the final numeric grade increases by at least 5%, then the fee is refunded. If the final letter grade in the course is unchanged or lowered, and if the final numeric grade increases by less than 5% or is unchanged or lowered, then the fee is forfeited.*
- 3) *Rereading of Examination papers usually takes three to four weeks. You will be notified of the result at that time. A reread of a final examination may result in the grade being increased, lowered or unchanged.*
- 4) *With the consent of the academic unit, request for rereads can include clinicals, internships, work terms, or final reports, as appropriate.*
- 5) *Students are encouraged to request access to the final examination script prior to submitting a request to have the final examination reread. For further information refer to Access to Final Examination Scripts in the University Calendar.*
- 6) *Students are advised to refer to relevant academic units for policies and procedures governing rereads of examinations.*

Year	Sem	Student Number	Last Name	First Name

Address to which result of reread(s) should be sent:

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Postal Code

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Telephone Number

Email address: \_\_\_\_\_@mun.ca

Subject	-	Number	-	Section	Present Grade	Instructor
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	-		-			

	VISA		MASTERCARD				
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Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

DATE

SIGNATURE OF STUDENT