



VERIFICATION OF RESULTS REQUEST

****Submit Form within 7 working days of release of results on Moodle****

The college regulations relating to Verification of an Assessment must be read and understood before submitting this form

Student No: _____ Course: _____

Student Name: _____

Address: _____

Subjects:	Module Code	Module Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Release of Results: ____ / ____ / ____

I have read the college's policy regarding Verification of Results:

Signed: _____ Date: ____ / ____ / ____

Please Complete, Print and Submit in hard copy only.

Payment (Cheque / Draft) of €50 attached:

Paid in cash at reception. Receipt No: _____

Paid by VISA by phone/in person. Receipt No: _____

You will receive a response within 5 working days. Should there be any change in marks awarded, a full refund will be made payable to the payee.

OFFICE USE ONLY:

Application Received: ____ / ____ / ____

Original Grade Awarded: _____ Verification Grade Recorded: _____

Difference in Grade?: YES / NO