**APPLICATION TO VIEW SCRIPTS**

**\*\*Submit Form within 10 days of release of results on Moodle\*\***

**The College regulations relating to Viewing Examination Scripts must be read and understood before submitting this form**

**Student No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Course:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of View Script Request:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appeal Window** |  |  | **Right of Access** |  |
| (Within 10 days of release of results) | |  | (After 10 days of release of results – Appeal window closed) | |

**Module Details:**

|  |  |
| --- | --- |
| **Module Code** | **Module Title** |
|  |  |
|  |  |
|  |  |

*Date of Release of Results:* \_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

**I have read the College’s policy regarding Viewing Scripts:**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_

**Please Complete and e-mail to exams@dbs.ie**

The learner will receive acknowledgement of receipt of their application within **5 working days**.

For Requests within the Appeal window (10 days from the release of results), arrangements will be made for the learner to meet with the examiner or a member of the Exams Office and discuss the examination script and result within not more than one calendar month of the date of application.

For Requests through students’ Right of Access (following the Appeal window), arrangements will be made for the learner to meet with a member of the Exams Office to view their script. This access does not provide an extension to the Appeals window.

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| --- |
| **OFFICE USE ONLY:**  Application Received: \_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_  Available meeting time & date: \_\_\_\_\_\_\_am/pm on \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_  **Script Viewing Complete: YES / NO** |