



Candidate Consent Form

GCE Summer 2019

Review of Results (RoRs)

IMPORTANT INFORMATION FOR CANDIDATES

If **you** decide to make an enquiry about the result of one of your examinations, you need to be aware that there are three possible outcomes;

1. Your original mark is confirmed as correct, and there is no change to your grade.
2. Your original mark is raised, so your final grade may be higher than the original grade you received.
3. Your original mark is lowered, so your final grade may be lower than the original grade you received.

In order to proceed with your enquiry you must complete and sign the form overleaf. This tells me that you have understood what the outcome might be and that you give your consent to the enquiry being made.

Service 1 – Clerical Check

For an additional fee, you may also request a photocopy of the re-checked script.

FEES per unit	£18.00
Including copy script	£33.00

Service 2 – Review of Marking

For an additional fee, you may also request a photocopy of the re-checked script.

FEES per unit	£49.00
Including copy script	£61.00

Priority Service 2 – Review of Marking – Deadline for requests Midday Tuesday 20th August

This service is to be used if your place in higher education depends on the outcome.

FEES per unit	£60.00
Including copy script	£75.00

Please return your completed form & payment to the Exams Office

Deadline for receipt of application:

Priority Service 2 request – MIDDAY TUESDAY 20TH AUGUST 2019

Standard Service 1 and 2 Requests - MIDDAY FRIDAY 13TH SEPTEMBER 2019

Candidate Consent Form

Centre Name **St Paul's Catholic College**

Centre Number **64770**

Student Name: _____ Exam/Candidate Number: _____

Contact No. _____

	Awarding Body (AQA, Pearson, OCR)	Subject	Component Code	Service Required	Fee
1					
2					
3					
4					

I am enclosing a cheque made payable to St Paul's Catholic College with my full name and candidate number on the reverse to the sum of: £ _____

If your subject teacher has agreed to pay for your enquiries they need to sign here BEFORE your application will be accepted.

I agree that the _____ department at St Paul's will be funding this application to the sum of £ _____

Print Name (Teacher): _____

Signed (Teacher): _____ Date: _____

If you have requested Service 1 or Service 2 or Priority Service 2 please read and sign this section.

BEFORE SIGNING PLEASE READ THE IMPORTANT INFORMATION SECTION OVERLEAF.

I give my consent to the Exams Officer of St Paul's Catholic College to make an enquiry about the result of the examination(s) listed above. In giving consent I understand that the final subject grade awarded to me may be lower than, higher than or the same as the grade which was originally awarded for this subject.

Signed (Student): _____ Date: _____
