L-Università ta' Malta Ġ.F. Abela Junior College

Student Services Office

+356 2590 7150 administration.jc@um.edu.mt

REVISION OF PAPER REQUEST FORM

This form is to be completed and handed in duplicate at the Student Services Office, room B207 by the student who would like to request a revision of June/September examination paper. Kindly write in block letters and tick where appropriate.

| Name & Surname: | | Index №: |
|---|--|--|
| ID №: | Mob №: | Tel. №: |
| Address: | | |
| | | |
| Subject | Adv./Int. Level: | Group №: |
| 1. | | • |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| Revision of Paper Option: | | |
| ☐ Revision of Paper Only ☐ Revision of Paper + Report | €25.00 €60.00 | |
| Condidate's Signature | | Date |
| Candidate's Signature | | Date |
| represents their performance examination paper within three 2. The examination paper will be r 3. Any fee paid in connection wi change in the marks changes t | during an examination may received: (3) days from the publication of the eviewed to ascertain that no error the the request for revision shall | was made in the awarding of marks. be refunded in the following cases: i) if the there is an increase of ten (10) marks to the |
| For office use | | |
| | | |
| Received on: | | |
| Amount Paid: | | College stamp/ Signature of SSO Officer |