



(College Name: -----)

STUDENT RESULT REVIEW REQUEST FORM

The purpose of this form is to document the student's concern and resolution process on the request to review the recorded scores to ensure accuracy, should there be sufficient reason to believe that an error has occurred in the recording, marking or calculation of their scores in exams.

Student Name: _____ Date: _____

Student ID. No.

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 Batch \ Group

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 Request Count

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Description of Issue:

Block/Course Name: Academic Year :

Exam: Midterm Portfolio HQAP Final
Component: MCQ PBL Mini-CEX OSPE OSCE Other _____

Describe your concern: Be specific and precise.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.
(The student is allowed to fill **five** requests of Results Review during the study duration).

Student Signature: _____

Pre-Assessment by Block Coordinator

Comments: _____

_____ Name _____ Signature _____ Date _____

HOD Signature (if applicable): _____

For Assistant Dean/ Associate Dean

Approved

Disapproved

Comments: _____

Assigned Concerned Department for Review

<input type="checkbox"/> Grade Center/Other	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 40px; text-align: center;">Error Found</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 40px; text-align: center;">No Error Found</td></tr></table>		Error Found		No Error Found	<p>_____</p> Name & Signature	<p>_____</p> Date
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<input type="checkbox"/> Assessment Unit	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 40px; text-align: center;">Error Found</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 40px; text-align: center;">No Error Found</td></tr></table>		Error Found		No Error Found	<p>_____</p> Name & Signature	<p>_____</p> Date
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<input type="checkbox"/> Clinical Affairs	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 40px; text-align: center;">Error Found</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 40px; text-align: center;">No Error Found</td></tr></table>		Error Found		No Error Found	<p>_____</p> Name & Signature	<p>_____</p> Date
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Resolution or action(s) recommended by Head of the Assessment Unit

To be forwarded to the Office of the resepective Associate Dean

_____ Name _____ Signature _____ Date _____

Student Notification by the Associate Dean

_____ Name _____ Signature _____ Date _____

Student Signature: _____