August 2024

**GCE Result Request Form**

Please complete and return this form and return to Examination Officer

**\*\*Please note your grade could go up, go down or stay the same following a**

**clerical re-check, review of marking or appeal \*\***

|  |  |  |
| --- | --- | --- |
| **Name** | **Candidate No** | **Registration Group** |
|  |  |  |

|  |  |
| --- | --- |
| **Address** | **Telephone No** |
|  |  |

**REMARK**

|  |  |
| --- | --- |
| **Subject** | **Element Code** |
|  |  |

**RETURN OF SCRIPT – it is advisable to request a photocopy of the script requested for a remark. Original scripts can only be returned if remark is NOT requested.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Original with no remark request** | **Photocopy with remark request** | **Subject** | **Element Code** |
| **Yes/No** | **Yes/No** |  |  |

1. **If the remark outcome changes – Refund of fee**
2. **If the remark outcome remains the same – No refund of fee**
3. **Refund represents the fee for the remark – No refund for return of script**

**Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**