

**DCU Examination Appeals Board**

**Module Recheck Request Form**

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| Please read the **Module Recheck Procedure** carefully before completing this form. All relevant sections of the form must be completed legibly in block capitals and submitted to: Module Recheck Request, Academic Affairs, Room D106, Bea Orpen Building, DCU Glasnevin Campus, Dublin 9, within 10 days of the promulgation of your examination results on-line. A separate form must be completed for each module to be rechecked. Please submit **two** copies of each completed form. |

**Section 1: Student Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **DCU Student Number** |  |
| **Mobile telephone number** |  |
| **E-mail Address (This must be your DCU address.)** |  |
| **Programme of study and programme code** |  |
| **Year of study : (state whether 1st, 2nd year etc.)** |  |
| **Publication date of examination results** |  |

**Section 2: Module to be rechecked (One form per module to be completed-- two copies of completed form per request)**

|  |  |
| --- | --- |
| **Module Code** |  |
| **Module Title** |  |
| **Semester 1 or Semester 2 module (please indicate)** |  |

**Section 3: Grounds for Recheck**

A student may request a recheck for the following reasons only. Please tick the relevant box to indicate why you were unable to attend the relevant[[1]](#footnote-1) consultation days.

|  |  |  |
| --- | --- | --- |
| (a) | Certified Illness | **❑** |
| (b) | I was abroad during the relevant consultation period | **❑** |

**Section 4: Documentary Evidence**

This form must be accompanied by relevant and date-specific supporting documentation e.g. doctor’s certificate, travel documentation. Please list below any documents which you are submitting to accompany this form.

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**Section 5: Checklist for a Valid Recheck Request**

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| --- | --- | --- |
| **1** | I have enclosed all relevant documentary supporting evidence | **❑** |
| **2** | I have enclosed an administration fee of €20 for this module recheck, in the form of a cheque, postal order or bank draft made payable to DCU or I will pay by credit or debit card at room D106, Bea Orpen Building, DCU Glasnevin Campus, Dublin 9. I accept that cash cannot be accepted as a means of payment. | **❑** |
| **3** | I have enclosed **two** collated and stapled copies of my completed Recheck Request form and accompanying documentation. | **❑** |

**Section 6: Declaration**

I declare that I have complied with all relevant aspects of the checklist (above) and hereby accept that failure to do so will result in an invalid recheck request which will be rejected.

**Signature Date**

**PLEASE NOTE: REQUESTS SUBMITTED AFTER THE DEADLINE WILL NOT BE PROCESSED.**

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**Personal Data Protection Notice**

In the context of your Module Recheck request any personal data that you provide to Dublin City University (the ‘Data Controller’) will be used for the purpose of the module recheck only and will be submitted to the Office of the Vice President Academic Affairs (Academic Affairs).

The personal data is being collected and processed on the basis of your consent.

The personal data will not be shared with any third party, other than those working with the University on normal University business, and only in line with the purpose for which you provided it. In the case of the module recheck request the data will be shared with members of the DCU Examinations Appeals Board, the School and Registry.

You have the right of access to your own personal data. The contact details for exercising this right is through the DCU Data Protection Unit, Chief Operating Officer’s Office, Dublin City University or alternatively at data.protection@dcu.ie

For office use only

**relevant School to complete**

Following the recheck, please return completed form to: **Module Recheck Request, Academic Affairs, Room D106, Bea Orpen Building, DCU Glasnevin Campus by 2.00 pm on Wednesday 11 July 2018.**

I confirm that the following items have been checked:

|  |  |  |
| --- | --- | --- |
| (a) | All elements submitted for assessment were considered and assessed | **❑** |
| (b) | The calculation of the marks awarded was correct | **❑** |
| (c) | No errors or omissions occurred in the recording, collating or combining of marks | **❑** |
| (d) | The correct summary mark was presented to the Progression and Award Board | **❑** |

Name of staff member who conducted the recheck (block capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**Outcome of recheck**

*Please tick the relevant box(es)*

|  |  |
| --- | --- |
| No errors have been found and there is **no change** to the module mark | **❑** |
| An error was made in the compilation/collation of marks (see a, b, c, d above) | **❑** |
| I confirm that the Post PAB amendment procedure\* has been initiated with the Student Awards Manager: | **❑** |

\*Please see *http://www.dcu.ie/sites/default/files/registry/pdfs/PostPABAmendmentProcedure.pdf*

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**Signature of Head of School or Nominee Date**

1. For example, if you were abroad following the publication of results online in semester 1 and were unable to avail of consultation days, and can provide evidence of travel covering the dates, you could request a recheck of your semester 1 module(s) following the promulgation of final results in June. [↑](#footnote-ref-1)