

Institute of Technology - Tallaght

Appeal/Recheck Form

APPEALS PROCEDURE FOR EXAMINATION RECHECK AND REVIEW

General Information:

Students may obtain a recheck or a review of marks for one or more examinations **only** by following the procedures outlined below. Any request for rechecks or reviews in any manner from the appropriate procedure will **not** be dealt with by the Institute.

IN THE FIRST INSTANCE STUDENTS ARE REQUIRED TO DISCUSS THEIR APPEAL WITH THE HEAD OF DEPARTMENT UNDER THE INSTITUTE'S POST EXAMINATION REVIEW.

NOTE: An application for a recheck or review which is based on the sole grounds of disagreement with an assessment grade will not be considered.

Definitions:

Recheck - means the administrative operation of checking the recording and the addition of marks which may result in one of the following outcomes:

Grade remains unchanged

Grade is increased

Grade is decreased

Request for Recheck:

A request for a recheck must be received by the Registrar on the appropriate form (AP1), **not later than three working days** after the date of posting of the exam results on the Institutes website. Only a written request for a recheck signed by the student will be considered. The Institute will charge a fee of **€20.00 per examination**. This fee must be included in the request for a recheck. In the event of a successful recheck the fee shall be refunded to the student.

REVIEW - means the re-consideration detail of all or part of the existing examination material, where feasible, by the internal and external examiner(s) and reconsideration by the Examination Board of a full set of results.

Grounds for a review:

Before a review is initiated the Registrar **must receive the Form AP1** (available from the Reception desk or website www.ittdublin.ie). The signed request for a review from the student concerned. Forms should be posted to : **The Registrar, Institute of Technology Tallaght, Tallaght, Dublin 24**, marking the envelope "Review Request". Otherwise the form can be e-mailed to : examappeals@ittdublin.ie.

The submission must clearly identify the element or elements of the examination for which the review is being sought. It must also specify the grounds on which the review is sought and must contain **all information** which the candidate requires to have taken into account in the review.

The grounds for review must be specified under four headings:

- (a) The examination regulations of the Institute have not been properly implemented.
- (b) The regulations do not adequately cover the candidate case.
- (c) Compassionate or medical circumstances related to the candidates examination situation which were made known to the Institute by the candidate, in writing to the appropriate school secretary, prior to or during the examination concerned of which the Board of Examiners was unaware.
- (d) Significant performance related information which the appellant believes was not considered by the Board of Examiners.

Request for Review:

A request for a review must be received by the Registrar, on the appropriate form (AP1), **not later than three working days** after the date of the posting of results on the Institutes website. A review will automatically include a recheck. The Institute will charge a fee of **€2.00**, which must be included in the request for a review. In the event of a successful review the fee shall be refunded to the student.

Examination Appeal Application
Closing date is Tuesday 15th September 2009.

1. Please complete this form in **BLOCK LETTERS** or in **TYPESCRIPT**. It must be lodged with the Registrar **before Tuesday 15th September 2009 by 5.00pm** and it must be accompanied by the appropriate fee.
2. The General Examination Regulations of the Institute of Technology Tallaght and other Regulations are available to all examination candidates and the Appellant is advised to review same.

3. Name: _____
Home Address: _____
Correspondence Address: _____
Telephone Numbers: _____

4. School/Department: _____
Course: _____
Semester: _____ Student No: _____
Please tick F/T P/T / ACCS Erasmus

5. (a) Examination Series Year 20__ Winter/Summer/Supplemental (delete as appropriate)
(b) Date of publication of Provisional Examination Results – **Friday 11th September 2009.**
(c) What module(s) do you wish to appeal? _____

6. (a) Have you attempted to resolve your difficulties through your Head of Department using the Institute's Post Mortem Facility?
(tick as appropriate) YES NO
- (b) Do you seek a review? (tick as appropriate) YES NO
- (c) Do you seek a recheck? (tick as appropriate) YES NO

7. **Grounds for a review:**
Before a review is initiated the Registrar must receive in writing by recorded post on Form AP1 (available from the Reception desk) the signed request for a review from the student concerned. Forms should be posted to:
The Registrar, Institute of Technology Tallaght, Tallaght, Dublin 24, marking the envelope "Review Request", or e-mail the form to : examappeals@ittdublin.ie .

The submission must clearly identify the element or elements of the examination for which the review is being sought. It must also specify the grounds on which the review is sought and must contain all information, which the candidate requires to have taken into account in the review.

The grounds upon which the appeal is made (tick one or more as appropriate)

- (a) The examination regulation of the Institute have not been properly implemented.
(b) The regulations do not adequately cover the candidate case.
(c) Compassionate or medical circumstances related to the candidates examination situation which were made known to the Institute by the candidate, in writing to the appropriate school secretary, prior to or during the examination concerned of which the Board of Examiners was unaware.
(d) Significant performance related information which the appellant believes was not considered by the Board of Examiners.

STATEMENT OF APPEAL: (may be continued on additional sheets or on the back page of Appeal document)
NOTE: An appeal on the sole grounds of disagreement with an assessment grade will not normally be considered.

8. Explain the grounds for your appeal here:

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9. Additional Information Provided:

Please list any items attached e.g. certificates or additional sheet(s).

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10. Please specify the change you seek in your result as a consequence of this Appeal?

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11. Appellant's Signature: _____
Date: _____

Please tick method of payment
Cheque Cash Postal Order Bank Draft Credit Card Laser

Please debit my card for the amount of € _____

Card No: _____

Expiry date: _____

Security Code: _____

Signature of card holder: _____

For Official Use Only

Received by Registrar:

Date: _____

Appeal Decision: _____

Signed: _____

Date: _____

Fee Received: _____

Appeal No: _____

Receipt No: _____

