

Post Results Services Application Form



STUDENT NAME:	
CANDIDATE NUMBER :	FORM:

I wish to apply for a:

- ❖ **Review of Marking:** I wish to apply for a review of the results received in the latest exam season for the units/modules of the following award(s). I understand that if changed, I could be awarded a **higher** or **lower** mark or grade.
- ❖ **Scripts.**
 - I understand that unless I apply for a priority script, which is only available for 7 days following the results day, scripts will not be dispatched **until after the deadline for remarks has passed and could take up to a further 6 weeks to arrive in school** OR
 - I give my permission for the Helsby High School to request the return of my original scripts for teaching and learning purposes.

No	Exam Board	Level (GCSE/ GCE AS or A2)	Subject	Module/ Unit Code	Priority Remark (✓)	Remark (✓)	Priority Script (✓)	Script (✓)	Fee (£)
1									
2									
3									
4									
The total fee of £_____ will be paid by the STUDENT / DEPARTMENT									Total Fee (£)

Student signature (required):	Head of Department signature (if school paying):
Date:	Date:

Please return the completed form to the Exam Office by the designated date. If the fee is to be paid by the student, payment should accompany this form. Cheques must be made payable to 'CWAC – Helsby High School'. If you are submitting a number of applications at the same time, please provide one cheque for the total cost. The Exam Office is unable to accept cash unless you have the correct amount.

For Office Use Only

Total Paid: £	Application No:	1	2	3	4
	Request made				
Date	Result Received				
Cash Receipt No	Result Issued				
	Result Recorded				
Cheque Ref	Invoice Number				
	Fee Refunded				