

Review of Results (RoRs) Request Form

Candidate Name: _____ Tutor Grp: _____ Candidate Number:

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 Email Address: _____ Telephone Number: _____

Review Of Results (RoRs) deadlines PRIORITY Service 2P (RoR2P) A-Level ONLY Deadline: Thursday 24th August by 1pm
 Service 1: Clerical Check (RoR1) Deadline: Thursday 28th September by 1pm
 Service 2: Review of Marking (RoR2) Deadline: Thursday 28th September by 1pm

Clerical Check / Review of Marking

Awarding Body <i>(e.g. AQA)</i>	Subject <i>(e.g. English Language)</i>	Paper No <i>(e.g. Paper 1)</i>	Service Required <i>(RoR2P/RoR1/RoR2)</i>	Copy of reviewed script required?* (Y/N)	Fee Paid (Y/N)	<i>For office use only:</i>		
						Processed:	Outcome:	Candidate Notified:

**Please note an additional cost may be incurred if a copy of the reviewed script is requested*

I give my consent to the Head of my Examination Centre to make an enquiry about the result of the examination(s) listed above. In giving consent I understand that the final subject grade awarded to me may be lower than, higher than, or the same as the grade which was originally awarded for this subject.

Candidate signature: _____ Date: _____