

## REVIEWING A FINAL EXAM RESULT

Form for the student or one of his or her parents (legal guardian)

General Education

Vocational Training

**The student or their parents may request a review of a result in the following situations:**

- ✓ The request for review is submitted within 30 days of the result being known;
- ✓ The contested result **must not have already been the subject of a request for review.**

Identification	
Student's first and last name:	
teachers's first and last name :	
Course Acronym or Competency Code:	
Date of the delivery of the result :	
Identification of the part of the assessment to be reviewed ( <i>ex : Titles of subsections or number(s) to be revised</i> )	
Reasons for the request	
<input type="checkbox"/> Supporting documents in support of the application are attached.	

Terms and Conditions	
<ul style="list-style-type: none"> <li>➤ The management of the establishment may be called upon to provide assistance to any person who requests it in formulating his or her request for revision or in any related procedure.</li> <li>➤ Reviewing a student's result is the process of re-examining that result. This is not a re-examination for the student. The revision may lead to the maintenance, increase or decrease of the initial result.</li> <li>➤ The result of a request for review is final.</li> <li>➤ The documents relevant to the review of a result may be consulted by the student or his or her parents if the ministerial rules on the confidentiality of tests and the centre's standards and methods of learning evaluation allow it.</li> <li>➤ The teaching staff has a period of 10 working days to give the result and the reasons on which it is based.</li> <li>➤ By signing this document, you authorize us to modify the results officially transmitted.</li> </ul>	
<input type="checkbox"/> I certify that I have understood the conditions and terms of application of the request for review of results.	
<input type="checkbox"/>	
Signature of the student : _____	Date : _____
If applicable, signature of parent or legal guardian	
Parent/guardian signature : _____	Date : _____

SECTION RESERVED FOR CENTRE MANAGEMENT				
I confirm that the request for review of the result of a sanction test is in accordance with the.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Feedback :				
Signature: _____		Date : _____		