



APPLICATION TO VIEW SCRIPTS

****Submit Form within 7 working days of release of results on Moodle****

The college regulations relating to Examination Scripts must be read and understood before submitting this form

Student No: _____ **Course:** _____

Student Name: _____

Address:

Subjects:	Module Code	Module Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Release of Results: ____ / ____ / ____

I have read the college’s policy regarding Viewing Scripts:

Signed: _____ **Date:** ____ / ____ / ____

Please Complete and e-mail to exams@dbs.ie

The learner will receive acknowledgement of receipt of their application within **5 working days**. Arrangements will be made for the learner to meet with a member of the Exams Office or the examiner and discuss the examination script and result within not more than one calendar month of the date of application.

<u>OFFICE USE ONLY:</u>	
Application Received: ____ / ____ / ____	
Available meeting time & date: _____ am/pm on ____ / ____ / ____	
Script Viewing Complete: YES / NO	