



ANNEXURE A

# NATIONAL OPEN UNIVERSITY OF NIGERIA

14/16 AHMADU BELLO WAY, VICTORIA ISLAND, LAGOS

OFFICE OF THE REGISTRAR

## APPLICATION FORM FOR THE REMARKING OF EXAMINATION SCRIPT(S)

SCHOOL \_\_\_\_\_  
PROGRAMME \_\_\_\_\_

### APPLICATION DETAILS:

DATE OF APPLICATION:

--	--	--	--	--	--	--	--	--	--

NAME OF APPLICANT AS ORIGINALLY REGISTERED: \_\_\_\_\_

MATRICULATION NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STUDY CENTRE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

### COURSES REQUIRED FOR RE-MARKING:

(Please complete the table below)

COURSE	CODE	GRADE OBTAINED	PERIOD OF EXAM

### REASON(S) FOR REQUEST CLEARLY STATED:

(This is required to ascertain the nature and urgency of the request)

\_\_\_\_\_

### FOR OFFICIAL USE ONLY

Re-marking \_\_\_\_\_ courses x N20, 000 each = N \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Registrar's STAMP

Bursary Pin Number.....

DATE \_\_\_\_\_

**COPY OF THE TELLER SHOULD BE ATTACHED**



ANNEXURE B

## NATIONAL OPEN UNIVERSITY OF NIGERIA

14/16 AHMADU BELLO WAY, VICTORIA ISLAND, LAGOS

OFFICE OF THE REGISTRAR

### ACKNOWLEDGEMENT

*(To be completed by the applicant at the end of the re-marking exercise)*

1. I acknowledge having received my grade after the scripts(s) had been re-marked on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ for the following course(s):
  - 1.1 \_\_\_\_\_
  - 1.2 \_\_\_\_\_
2. I specifically acknowledge and understand that scores obtained are subjected to moderation/standardization procedures of the University.
3. I acknowledge that copies of the examination answer script(s) will not be made available to me.

**SIGNATURE OF STUDENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**STUDY CENTRE DIRECTOR:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_