



Request for Recount Form

This is not a re-marking of your exam script; it is a recount of the marks. A recount must be applied for within 15 days of receiving your result notification.

Please allow seven days for the request to be processed. Payment must be made at **Student Central**.

| Student Details | | | | |
|----------------------|-------------|------------|------------|------------------|
| First Name | | | | |
| Last Name | | | | |
| Student ID | | | | |
| Address | | | | |
| | | | | |
| | | | | |
| Phone | | | | |
| | | | | |
| Student Signature | | | | |
| Signed: | | | | |
| | | | | |
| F | | | | |
| Exam Details | | | | |
| Course Name | Course Code | Date Rec'd | Date Iss'd | Cost per request |
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| For Office Use Only: | | | | |
| Request received | | | | |

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Doc Owner: Manager, Student Administration