

**DCU Examination Appeals Board**

**Module Assessment Review Form**

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| Please read the **Module Assessment Review Procedure** carefully before completing this form. All relevant sections of the form must be completed legibly in block capitals and submitted to: The Secretary to the Examination Appeals Board, Dublin City University, Academic Affairs, Room D106, Bea Orpen Building, DCU Glasnevin Campus, Dublin 9, within 10 days of the promulgation of your examination results on-line. The **closing date and submission instructions** are available at: <https://www.dcu.ie/sites/default/files/ovpaa/pdfs/mar_2020_appeals_recheck_and_assessment_review_closing_date.pdf>  Please submit **six** copies per module request. |

**Section 1: Student Details**

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| **Title:** (tick relevant box) | **Mr 🗆 Ms 🗆** |
| **Name** |  |
| **Address** |  |
| **DCU Student Number** |  |
| **Mobile telephone number** |  |
| **E-mail Address (This must be your DCU address)** |  |
| **Programme of study and programme code** |  |
| **Year of study (state whether 1st, 2nd year etc.)** |  |
| **Publication date of examination results** |  |

**Section 2: Module to be Reviewed (one form per module to be completed: Submit six copies per request)**

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| --- | --- |
| **Module Code** |  |
| **Module Title** |  |
| **Semester 1 or Semester 2 module** |  |
| **Have you availed of the facility to view your script / assessment as part of the normal post examination procedures?** | **Yes ❑ No ❑** |
| **Date upon and location at which script was reviewed** |  |
| **Have you availed of the facility to discuss your script / assessment with the internal examiner / module coordinator?** | **Yes ❑ No ❑** |
| **Name of staff member consulted** |  |

**Section 3: Statement in support of an assessment review (***please see the back of the form****)***

You must provide a detailed statement to support your request on a separate, typed and signed page entitled “Statement in support of module assessment review”.

Your statement **must:**

* Identify specifically the parts of the assessment which you believe to have been marked incorrectly **and**
* Include a coherent academic argument as to why the mark is incorrect. *Dissatisfaction with a grade, or assertions that a grade does not reflect the level of work undertaken are not an acceptable basis for the conduct of an assessment review.*

**Section 4: Checklist for a Valid Module Assessment Review**

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| **1** | I have enclosed a coherent academic argument as to why the mark awarded is incorrect, on a separate typed and signed page entitled “Statement in Support of Module Assessment Review” which also identifies the part(s) of the assessment which I believe to have been marked incorrectly. | **❑** |
| **2** | I am aware that it is unlikely that a final decision will be received within the examinations appeals process timeframe. Hence, I understand that I should prepare for and avail of any resit opportunity pending the outcome of the review (if relevant). | **❑** |
| **3** | I accept that the outcome of the review process can result in no change, an increase or a decrease to the grade already notified to me. If I avail of the resit opportunity pending the outcome of my review request, I understand that my precision mark will be calculated based on my first attempt at the module. If the review results in a change to this grade the revised first attempt will be included in the precision mark calculation. | **❑** |
| **4** | I have enclosed an Assessment Review fee of €100 in the form of a cheque, postal order or bank draft made payable to DCU or I will pay by credit card or debit card at room D106, Bea Orpen Building, DCU Glasnevin Campus, Dublin 9. I accept that cash cannot be accepted as a means of payment. | **❑** |
| **5** | I have enclosed **six** collated and stapled copies of my completed Assessment Review Request form and supporting statement. | **❑** |

**Section 5: Declaration**

I declare that I have complied with all relevant aspects of the checklist (above) and hereby accept that failure to do so will result in an invalid module assessment review request which will be rejected. I also hereby acknowledge that decisions of the Examination Appeals Board/Reviewer are final and binding and that representations made to any member of staff in the University concerning any such decisions shall not be entertained.

**Signature Date**

**PLEASE NOTE: REQUESTS SUBMITTED AFTER THE DEADLINE WILL NOT BE PROCESSED.**

**Personal Data Protection Notice**

In the context of your Module Review Assessment any personal data that you provide to Dublin City University (the ‘Data Controller’) will be used for the purpose of the module assessment review only and will be submitted to the Office of the Vice President Academic Affairs (Academic Affairs).

The personal data is being collected and processed on the basis of your consent.

The personal data will not be shared with any third party, other than those working with the University on normal University business, and only in line with the purpose for which you provided it. In the case of the module assessment review the data will be shared with members of the DCU Examinations Appeals Board, the School, Registry and where necessary, the External Examiner.

You have the right of access to your own personal data. The contact details for exercising this right is through the DCU Data Protection Unit, Chief Operating Officer’s Office, Dublin City University or alternatively at data.protection@dcu.ie



**DCU Examination Appeals Board**

**Statement in Support of Module Assessment Review**

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**Name: Block capitals student ID**

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**Signature Date**