**Request to Review Exam Scripts (February 2024)**

**\*All sections of this form must be completed\***

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| **Name:** |  | |
| **Student Number:** |  | |
| **Programme Code:** |  | |
| **Year:** |  | |
| **Exam Number:** |  | |
| **Details required:** | **Module:** | **Lecturer:** |
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| **Mobile:** |  |  |
| **Email:** |  |  |

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*Office use only:-*

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| **Date Received:** |  | **Received by:** |  |