**SCRIPT VIEWING & BREAKDOWN OF MARKS APPLICATION FORM 2024\_25**

*To apply for an in-person script viewing and/or breakdown of marks, please read through the instructions in Section A below. Completed forms are to be returned to your CUBS Programme Administrator who will notify you of the date, time and location of your script viewing and/or provide you with your breakdown of marks.*

*Please note, Incomplete forms will be returned and not processed.*

**Section A:- Instructions to Students**

1. All applications are to be submitted on the official CUBS form and e-mailed via UCC student email accounts only. Submissions from external email addresses will not be accepted.
2. The title of the e-mail must include the module code, student number and examination number.
3. CUBS will not forward requests to view scripts of modules administered by other Schools/Departments.
4. **All requests must be submitted at least two days in advance of the assigned scripts viewing dates to allow for the materials to be gathered.** Students will be allocated 15 minutes per script.
5. Script(s) can be viewed only. Students will not be permitted to write on them, take a photograph or request a photocopy. Scripts may not be viewed by a third party and permission will not be granted to remove the script(s) from the viewing location.
6. Presentation of a valid UCC student ID card is required to be permitted to view a script(s). The viewing will be supervised by a member of CUBS non-teaching staff. No one else may accompany you to the script viewing.
7. If you are unable to attend at the time allocated, please inform your programme administrator immediately, and they will endeavour to set up an alternative appointment time for you as per the assigned CUBS schedule for script viewings.
8. For a script consultation with your lecturer, please complete and return a *Consultation Request Form* to your Programme Administrator.

**Section B:- Application Form**

*Table 1 – To be completed by students*

|  |  |
| --- | --- |
| Student Name |  |
| Student Number |  |
| Exam Number |  |
| UCC Email Address |  |
| Contact Mobile Phone Number |  |
| Programme of Study |  |
| Module Code and Semester |  |
| Name of Module Lecturer |  |
| Nature of Request (script access and/or breakdown of marks)? |  |
| Date of Request |  |

I agree to be bound by the conditions as set out above

Signed (typed):-

Date of submission: -

*Table 2- For office use only*

|  |  |
| --- | --- |
| BREAKDOWN OF ASSESSMENT MARKS | |
| Element 1 (name) | *Insert mark* |
| Element 2 (name) | *Insert mark* |
| Element 3 (name) | *Insert mark* |
| Element 4 (name) | *Insert mark* |
| Total marks awarded | *Insert total marks* |
| Date breakdown provided | *Insert date of return* |
| Provided by | *Insert name of Prof Staff member* |