



Maldives Polytechnic
No. 2 Rehendhi Higon, Galolhu,
Male', 20-364, Maldives.

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

މާލެ 20-364 ނަންބަރު 2 ރެހެންދީ ހިގަނު ގަލޮލްހު
މާލެ 20-364 ނަންބަރު 2 ރެހެންދީ ހިގަނު ގަލޮލްހު

Examination Script Viewing Form

ދިވެހިސަރުކާރުގެ ގެޒެޓް ގަވާއިދު 2014 ވަނަ އަދަދު 10 ވަނަ ބައި 10.1 ވަނަ ޖަދުވަލު

Your Personal Details

މި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ފޮނުވާލެވިފައިވާ ފޯމް

| | | | |
|-------------------------|----------------------|---------------------|--|
| Full Name and Address | <input type="text"/> | | މި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ފޮނުވާލެވިފައިވާ ފޯމް |
| Student Number | <input type="text"/> | National ID Card No | <input type="text"/> |
| Present Contact Address | <input type="text"/> | | މި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ފޮނުވާލެވިފައިވާ ފޯމް |
| Contact Phone Numbers | <input type="text"/> | | މި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ފޮނުވާލެވިފައިވާ ފޯމް |

Course Details

މި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ފޮނުވާލެވިފައިވާ ފޯމް

| | | | |
|-------------------------|----------------------|-------------------------|--|
| Course Name | <input type="text"/> | | މި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ފޮނުވާލެވިފައިވާ ފޯމް |
| Centre | <input type="text"/> | Course Code | <input type="text"/> |
| Currently Enrolled Term | <input type="text"/> | Currently Enrolled Year | <input type="text"/> |

Examination Script Details

މި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ފޮނުވާލެވިފައިވާ ފޯމް

| | | |
|----------------------|----------------------|----------------------|
| Code | Subject Name | Lecturer |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Declaration

މި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ފޮނުވާލެވިފައިވާ ފޯމް

I declare that all the information given in this form is accurate and true to the best of my knowledge.

Date: Signature:

* A proof identity needs to be produced at viewing session.
* Students must not mark on the examination scripts in anyway.

Student's Concern (to be filled at the viewing session)

މި ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ފޮނުވާލެވިފައިވާ ފޯމް

This part should be filled only if, during the viewing of an examination script, a student is concerned that there has been an error in calculating the mark or a question is left unmarked.

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ACTION COMPLETED – OFFICE USE ONLY

| | | | |
|----------------------|--------------------------|------------------------|--------------|
| Received by: | Date: | Date student notified: | Viewed date: |
| Request approved by: | Invigilator's Signature: | | |

Note: This form must be attached to the examination script and retained.

Viewing of Examination Scripts

(Excerpted from Examination Rules)

- 13.1 Students may request to view the final examination script for a subject in the presence of a member of the departmental staff after the final publication date of grades are released and before weeks 8 elapse from the date of the publication of the grades.
- 13.2 Examination scripts may be exempt from the provision of 13.1 when the examination is one which involves repeated use of the same material in successive examinations, the disclosure of which would prejudice the effectiveness of future examinations.
- 13.3 Requests for viewing of an examination script shall be made by completing the Examination Script Viewing Form which is available through the College website.
- 13.4 If, during the viewing of an examination script, a student is concerned that there has been an error in calculating the mark, he/she should outline the nature of any concerns with the marking in the space provided on the Examination Script Viewing Form. The grade allocated for the subjects will be reviewed only in very extenuating circumstances.
- 13.5 Student's examination scripts will be held by the relevant Faculty/Centre for a minimum period of 12 weeks from the date of the publication of the grades. The Faculty/Centre may destroy examination scripts for that examination period after that time.