

## REQUEST FOR REVIEW / RE-EVALUATION FORM<sup>1</sup>

Last name: ..... First name: .....

Date of birth: ..... d ..... m ..... yr Place of birth (city): .....

Language: ..... Level of exam: ..... Exam site: .....

Candidate number: 

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 Exam time: .....

**Mailing address:**

Country: ..... Zip code: ..... Phone number :.....

City: ..... E-Mail address: .....

Address (apt, street) : .....

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### REQUEST FOR REVIEW FORM

The candidate may ask for a review referring to illegal acts or miscalculation of the scores. The procedure is free.

**Skill(s) to be reviewed:**

Reading comprehension

Listening comprehension

Written communication

Oral communication

Justification:

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### REQUEST FOR RE-EVALUATION FORM

The candidate may ask for the re-evaluation of his/her written and oral communication test scores by a third marker. The re-evaluation has a fee.

**Skill(s) to be re-evaluated:**

Reading comprehension

Listening comprehension

Written communication

Oral communication

Justification:

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The appeal fee is 2.500 HUF **per skill**. Please attach the original receipt of the cheque or proof of money transfer payment. Re-evaluation will not be granted without documentation of payment.

Details of the bank transfer

Name of beneficiary: PTE – INYK

Beneficiary's account number: 10024003-00282716-00000000

Details of payment: 150057 + name of the examinee

....., ..... d ..... m ..... yr

.....  
signature

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<sup>1</sup> Underline the service you are requesting (review or re-evaluation).