

REQUEST FOR REVIEW / RE-EVALUATION FORM¹

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) :

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 10,00 EUR **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

Address of beneficiary: 7622 Pécs, Vasvári Pál u. 4.

Beneficiary account no: HU40-10004885-10004012-15008231

Details of payment: 800007 + candidate's name

Name of beneficiary's bank: Magyar Államkincstár

SWIFT code: HUSTUHB

Address of the bank: 1054 Budapest, Hold u. 4. Hungary

Intermediary bank name: Magyar Nemzeti Bank

SWIFT code: MANEHUHB

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signature

¹ Underline the service you are requesting (review or re-evaluation).