

REQUEST FOR REVIEW / RE-EVALUATION FORM¹

Candidates may request the review or re-evaluation of their written tests and oral exam by a third assessor **within 15 days** of the date of notification of the result.

Last name:

First name:

Date of birth: d m yr

Place of birth (city):

Language: Level of exam: Type:.....

Examination site:

Candidate number:

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Date of exam:

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. During this procedure the calculation of the scores and circumstances of the exam are checked.

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 of **EUR 15/skill**.

Skill(s) to be re-evaluated:

Reading comprehension

Listening comprehension

Written communication

Oral communication

Justification:

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Please submit this form to your local exam site where you had taken the exam, and follow their instruction for the payment of the re-evaluation fee: <https://eclexam.eu/exam-centers/>

Date:

(city)....., d m yr

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signature

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