**Score Review Form**

To whom it may concern,

I kindly request a score review for the ECT / EPE exam I took. (Please circle the exam which you request for a reassessment.)

Please mark the Section or sections you wish to be re-assessed.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reading |  | Grammar |  | Vocabulary |  | Listening |  | Speaking |  | Writing |  |

Other: (Please specify) 

**Personal Information:**

**Name - Surname:**

**Student ID – National ID number:**

**The Level you study at:**

**Email address:**

**Exam Date:**

**Submission Date:**

**Student Signature:**



This application should be submitted within the three days following the announcement of the exam results.

Your application will be evaluated within three days and the result will be sent to your student email account after the examination of the ASBU SFL Testing Office.

The decision communicated to you via email is the final decision and no further request will be accepted. Thank you for your request.



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|  |

Upon your application, our Testing Office has assessed the ……………………………………………………………………. Section(s) of your ECT/EPE exam.

**Your ECT/EPE score has not changed.**

**Your ECT/EPE score has increased / decreased from ……………… to ……………….**

Please keep in mind that this is the final decision.