

# FACULTY OF MANAGEMENT AND LEADERSHIP

## EXAMINATION SCRIPT VIEWING (WITH ASSESSOR) FORM 2011 [EV2]

FAX APPLICATION FORMS AND SUPPORTING DOCUMENTS TO (011) 718 4001 OR EMAIL TO [mbaquery@milpark.ac.za](mailto:mbaquery@milpark.ac.za)

**JOHANNESBURG:** Tel: (011) 718-4000 Fax: (011) 718-4001  
 Cnr. Main Road and Landau Terrace, Melville Ext 2, JHB, 2007  
 PO Box 91714, Auckland Park, 2006  
 Email: [info@milpark.ac.za](mailto:info@milpark.ac.za) Website: [www.milpark.ac.za](http://www.milpark.ac.za)



### EXAMINATION SCRIPT VIEWING REQUEST:

Students are allowed to view their mared examination scripts with the assessor. The following rules apply:

- Students must apply to view their examination scripts by completing the Exam Viewing (with assessor) form [EV 2].
- A fee of R550 will be charged for a session of one hour.
- Our banking details are below. Please fax proof of payment to 011 718 4001.

### PERSONAL DETAILS

Surname		E-mail address (Compulsory)	
First names			
ID or passport		Date of Birth	
Phone	(Work) Code & No.	(Home) Code & No.	
	(Fax) Code & No.	Cell No. (compulsory)	
Student number:		Cohort:	

### QUERY DETAILS

Qualification name	
Module/s name & code	
Date of exam sitting	

**EXAM:**  SCRIPT REVIEW WITH ASSESSOR

**MOTIVATION FOR VIEWING:**

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Date \_\_\_\_\_ / \_\_\_\_\_ / 2011 Signature: \_\_\_\_\_

### PAYMENT DETAILS

**DIRECT DEPOSIT** Please use full name and student number as reference and attach proof of deposit.  **CREDIT CARD** Only Visa and MasterCard.  **CHEQUE**

For Direct Deposits, please pay into the following account: Bank: Nedbank. Branch: Business Southern Peninsula. Branch code: 123 209. Account no: 1232 08 13 61

Name of Credit Card Holder: \_\_\_\_\_ Type of Credit Card: \_\_\_\_\_

Credit Card No.		Last 3 digits on reverse of card	
Expiry Date	Budget Months	Amount	Signature
		R R R R R R C C	

### FOR OFFICE USE ONLY

FEEDBACK FROM AC MEETING: \_\_\_\_\_

SIGNATURE: PROGRAMME MANAGER/AC: \_\_\_\_\_ DATE: \_\_\_\_\_

FEEDBACK TO STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_ DOCUMENTS ATTACHED  SIGNATURE: \_\_\_\_\_

ADMIN DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_