

THE UNIVERSITY OF HONG KONG
SCHOOL OF COMPUTING AND DATA SCIENCE
DEPARTMENT OF STATISTICS AND ACTUARIAL SCIENCE

Application for Checking of Assessment Results

IMPORTANT NOTES TO STUDENTS:

1. This form is to be completed by BSc(ActuarSc) or BStat students (admitted in 2025 and thereafter) who wish to apply for checking of assessment results. The form should be submitted to the Department Office *Rm 303, Run Run Shaw Building* or via email to ugenq@hku.hk.
2. All examination papers are carefully marked by examiners and the results are duly approved by the Board of Examiners. The University's position is that student appeals against examination results which are academic judgments are disallowed.
3. If students who wish to apply for checking of procedural irregularity or technical error of the assessment result shall submit a separate application for each assessment result to be checked **within 7 days** after the announcement of the assessment result as determined by the Board of Examiners.
4. Students should submit the completed form *and* the proof of payment of the application fee (HK\$200 for each assessment result to be checked following the payment method described in document [111_51reamend](#)), **within 7 days** after the publication of the course's final assessment results. **Late application will not be processed.**
5. The Department shall inform the student in writing of the outcome of the checking normally within three weeks after receipt of the application.

I. PERSONAL PARTICULARS

Name: _____ (_____) University No.: _____
English in BLOCK Letters Chinese, if appropriate 10-digit University Number

Curriculum: _____ Year of study: _____ Admitted Year: _____

Email address: @connect.hku.hk Tel No.:

First Major: _____ Second Major/Minor: _____
(Hong Kong contact) _____

II. INFORMATION ABOUT THE COURSE AND ASSESSMENT RESULT

(A) Course Applied for Approval:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Course Code (e.g. SDST2601)</i>		<i>Semester</i> (e.g. 2)	<i>Credits</i> (e.g. 6)	<i>Course Title</i>	

(B) Checking for: (Please tick ✓ as appropriate. Select ONE item only for each application.)

(C) Reason for Checking the Assessment Result with Justification

1. **What is the primary purpose of the proposed legislation?**

III. DECLARATION

I have attached the receipt of payment to the application.

I, hereby declare that the payment receipt attached herewith are true, complete, and accurate representations of the transactions conducted. I understand that any false or misleading information may lead to disciplinary action or legal consequences.

Student's signature: _____

Date of submission: _____

FOR OFFICE USE ONLY**APPROVAL by Course Lecturer and Chief Examiner**

I Approve / Disapprove this application Course Lecturer:	I Approve / Disapprove this application Chief Examiner:
Signature:	Signature:
Date:	Date:

Remarks:

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