

## Rescoring Request Form

Learner's Details	
Examination session	
Examination Centre	
Level	
Centre Number	UGR
Centre Name	
Candidate number (filled out by UCert)	
Candidate's name	
Candidate's surname	
Date of birth	
E-mail address	

**Please, indicate in detail the reason for rescoring:**

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The cost for the rescoring is **50 €** and must be deposited at the following National Bank account:

**IBAN:** GR6301100800000008000981400

**Beneficiary:** UCERT

This form along with the bank receipt and the identification document (ID/Passport/Driving license/Birth Certificate/Other) must be submitted to UCert either by post to **98-100 Akadimias St, 10677 Athens** or e-mail at [ocn@ucert.gr](mailto:ocn@ucert.gr) within 14 days after the exam results have come out. Upon receiving the result of the rescoring request, you will be notified by e-mail about the outcome.

**Candidate's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_