

AGT Enquiry Upon Results (EUR) Request Form

Student Information

- Full name:
- Candidate number:
- Email address:
- Phone number:

Subject Details

- Subject and level:
- Current grade awarded:
- Marks received:
- Grade boundary for next grade:
- Number of marks below next grade boundary:

Student Declaration

I confirm that:

- I have read and understood the AGT Enquiry Upon Results (EUR) Policy.
- I understand that:
 - An EUR is a formal review to check whether marking was applied correctly.
 - My grade may increase, remain unchanged, or decrease.
 - A second EUR request cannot be submitted for the same subject.
- I understand that the EUR request is subject to a fee of 100€, which I agree to pay after the EUR is finalized. Payment details will be communicated by the IB Coordinator.
- I understand that the fee will only be reimbursed if my final grade increases.
- I accept full responsibility for this request and any outcome.

Student Signature:

Date:

Parent/Guardian Acknowledgement (if applicable)

I acknowledge and support this EUR request and understand the associated risks and costs.

Parent/Guardian Name:

Signature:

Date: