

2017 Diocesan Exam re-evaluate form

Re-Evaluation Request Form

Please fill out this form if you are requesting a re-evaluation within 30 days of receiving scores for your parish.

Fee for re-evaluation: \$5.00

CHURCH NAME: _____

#	Student Name	Grade Level	Score
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Re-Evaluation Quantity	Re-Evaluation Fee	Total Cost of Re-Evaluation
	x \$5.00	

Signature of Superintendent: _____

Signature of Vicar: _____