



EXAM RESULTS / RE-SITTING APPEAL FORM

Instructions to Students:

1. Student must submit the Exam Results/Re-sitting Appeal Form within 7 days from the date of release of examination results.
2. A non-refundable Appeal Service fee of S\$100.00 per examination paper should accompany the appeal form.
3. Candidates will have no access to their examination answer scripts.

Section A: (To be completed by the student)

Name of Student :		FIN No : <i>(last 4 figure)</i>	
Email :		Contact No. :	
Course Enrolled :			
Assessment Date :			
Appeal for: <i>Tick the relevant option</i>	<input type="checkbox"/> Re-marking of examination script	<input type="checkbox"/> Re-sitting of examination	
Module Name :			
Reason for Exam Results/Re-sitting Appeal:			
Signature :		Date:	



For Official Use Only

<i>To be completed by Academic Department/Higher Education Department</i>		<i>To be completed by Finance & Admin Department</i>	
Form Received Date:		Receipt No. :	
Name, Designation & Signature:		Name, Designation & Signature:	
<input type="checkbox"/> Appeal for Results (Re-marking)		<input type="checkbox"/> Appeal for Re-sitting	
Approval by Examination Board:	Approved / Not Approved _____ Name, Signature and Date	Approval by Principal:	Approved / Not Approved _____ Name, Signature and Date
Part 1: Re-marking / Re-sitting Result Records			
Module		Module results after appeal	
Marker's Comments, where applicable :			
Marker's Name & Signature:		Date:	
HOD's Comments :			
HOD's Name & Signature:		Date :	
Part 2: Approval by Examination Board of Appeal/Re-sitting Result			
Approval by Examination Board:	Examination Board * approves / does not approve the result presented. Examination Board Comments, where applicable :		
Examination Board Name & Signature:		Date:	

*Delete where appropriate