

Results Appeal Form

Name of Student	
Course	
Contact no	
Email	
Results Release Date	
Date of Request	
Unit being appealed	
Reason(s) to review exam/assessment results	

Received by:

Received by:

Head of SSS

Academic Manager

For Office Use Only

Payment received	Yes / No	Amount:
Trainer / Marker		
Response from teacher / marker on merit of appeal		

NATC INSTITUTE

Date of meeting of Examination Board	
Decision of Examination Board	
Student Informed of Exam Board Decision?	Yes / No
Re-test	Yes / No
Re-test date	
Remarks	