This Form must be completed by the Assessment Officer/Programme Coordinator only. Queries/appeals will only be attended when they are submitted through this Form. All details and necessary evidence must be attached at the back of this Form including the students own letter.

|  |  |  |
| --- | --- | --- |
|  | **Surname** | **Other Names** |
| 1. **Candidate’s full names:**
 |  |  |

1. Programme of Study: ……………………………………………… Year: ……………………………

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Candidate’s Student ID Number (as written on the exam script)
 |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Candidate’s Student ID Number (as used in the Examination List and confirmed by the Centre)
 |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Course(s) on which results are queried/ appealed and original results; an example is given. In the course XY408 the candidate got grade X.
* **Officer MUST confirm the result (s)**
 | **XY408** |  |  |  |  |
|  **X** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Recommended action; please tick (√)
 | Just check records | Appeal – resubmitting more evidence | \*Appeal – requesting Remarking |
|  |  |  |

All students must formally communicate their query by writing to their Regional Centre and the letter must be attached to this Form for the attention of the **Assessment Manager.** \*Appeals for re-marking must be accompanied by a copy of the receipt for payment of remarking fee.

Name of Programme Coordinator/Assessment Officer: …………………………………………….……….

Name of Regional Centre: ……………………………………………………………………………………

Signature: …………………………….……………… Date: ………………………………………..

 Date Stamp: