ACADEMIC

REF NO.: ACA - SAF -

REV NO.: 001



STUDENT APPEAL FORM

STUDENT DETAILS		
Full Name:	Date:	
Student ID:		
Course:		
Contact Number:	Email:	
APPEAL DETAILS		
State clearly the decision of the Examination Board against which you are appealing:		
State the grounds as specified in the regulations under which you are making this appeal:		
REDRESS DETAILS		
What do you wish the outcome of your appeal to be?		



Please Note:

- 1. The School shall allow students to submit a maximum of one appeal for a relook at their overall results.
- 2. You are required to pay SGD30 administrative fee to re-look your examination paper.
- 3. You may consult the Office Manager or Student Support Manager for assistance with your appeal
- 4. Before you submit, check: Does your appeal contain:
 - (a) A statement of all material facts
 - (b) All necessary medial or other evidence to support your appeal
 - (c) If your appeal is late a detailed explanation of the reasons for late submission

STUDENT'S SIGNATURE	STUDENT'S SIGNATURE		DATE	
FOR OFFICIAL USE:				
SUCCESSFUL	UNSUCC	ESSFUL		
FOR OFFICIAL USE ONLY				
Action Taken:				
APPROVED BY EXAMINATION BOARD	RECORDED BY ACADEMIC DEPARTMENT			
Name:	Name:			
Date:	Date:			