



## EXAMINATION RESULT APPEAL FORM

### INSTRUCTIONS

1. All appeals against examination results shall be made in writing to the Institute **within 10 working days** from the date of release of the official results. Prescribed Examination Appeal Form is obtainable from Student Care & Administration (SCA) counter.
2. A non-refundable fee per examination paper should accompany the appeal form:
  - S\$107.00 inclusive of GST for Pre-degree & WSQ programmes
  - S\$160.50 inclusive of GST for Undergraduate & Postgraduate programmes
3. Candidates will have no access to their examination answer scripts.
4. Only **one appeal per examination** can be lodged with the Institute.
5. Notification on the outcome of the appeal will be **within 4 weeks** from the date of receipt of appeal. Please refer to the MDIS Student Handbook for further information on the academic assessment appeal process.
6. For undergraduate and postgraduate programmes, candidates are advised to refer to the respective University's Student Handbook or website for information on regulations pertaining to appeals. Such appeal must also be submitted on the University's prescribed Appeal Form (if applicable).

<b>SECTION A: (To be completed by the student)</b>	
Name:	Date:
Home Address:	NRIC/FIN/Passport No.:
Email Address:	Contact No.:
Course Title:	Batch:
Module Name:	Assessment date:
Reasons for Appeal (Attach supporting documents where necessary)	
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Signature:	Date:

<b>SECTION B: (To be completed by SCA)</b>		
Date received:	Supporting documents received:	
Receipt no.	Date:	
Name:	Signature:	Date:

<b>SECTION C: (To be completed by Examination Unit)</b>		
Date received:	Supporting documents received:	
Was the appeal in line with examination regulations (please tick): <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name:	Signature:	Date:
Remarks: <hr/> <hr/>		

<b>SECTION D: (Comments from Lecturer/ Assessor)</b>		
<hr/> <hr/> <hr/> <hr/> <hr/>		
Name:	Signature:	Date:

<b>SECTION E: (Agreed decision by IEB/ EU HOD/Manager/ University)</b>		
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Name:	Signature:	Date: