

Letter of Appeal/ Review of assessment

Attention To: Examination Manager
 Training Management Department
 Absolute Kinetics Consultancy Pte Ltd
 64 Hillview Terrace, Singapore 669277

Note:

- Fee chargeable for appeal: 10% of course fee
- If appeal is successful, retaking of examination shall be subjected to AKC's arrangement (if applicable)
- Re-examination fee: 30% for Theory, 50% for Practical

Date :

Tracking ID : EXAM / / /

For Customer Service Officer Use Only						
Course Title				Language		
Course Code			Course Date	From		To
Course Location	Hillview	Desker	Mode of Registration		Company	Individual
Billing Information	Course Invoice No.		Appeal Invoice No.			
	Course Receipt No.		Appeal Receipt No.			
To be fill up by Appellant - * Please ensure all required information is filled up accurately						
Purpose	<input type="checkbox"/> Appeal for exam result		<input type="checkbox"/> Request area of weakness		<input type="checkbox"/> Others : _____	
Appellant Name				Identity Number		
Contact Number	Mobile		Home		Office	
Email Address						
Home Mailing Address						
Company Name						
Company Email address						
Nature of Appeal (by Appellant)	-Please provide brief description on nature of appeal					
						_____ (Name, Sign & Date)

Letter of Appeal/ Review of assessment

Examination Branch (Official Use Only)

To be fill up by Appellant - * Please ensure all required information is filled up accurately

Purpose	<input type="checkbox"/> Appeal for exam result	<input type="checkbox"/> Request area of weakness	<input type="checkbox"/> Others : _____
Review By	<input type="checkbox"/> Exam admin	<input type="checkbox"/> Assessor	<input type="checkbox"/> Training Manager
<u>Findings / Investigations</u> <input type="checkbox"/> Receipt/ Invoice <input type="checkbox"/> Copy Identity card (front & Back) <input type="checkbox"/> Copy of exam Script <input type="checkbox"/> Supporting Doc Others : _____		Name :	
		Date :	
		Signature :	
<u>Recommendation</u> <input type="checkbox"/> Re-course <input type="checkbox"/> Re-sit for exam Others : _____		Name :	
		Date :	
		Signature :	
Final Appeal Status / Approved By			
Final Appeal Result Status	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessfully	Examination Manager
	Comments :	Comments :	Date
			Signature
<u>Appeal outcomes Communications to Appellant</u> <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Others : _____		Name :	
		Date :	
		Signature :	