

Request for an Appeal

Instructions:

This report is to be used for all situations which, in the view of the candidate, could:

- (a) negatively affect the candidate's chances of successfully completing an examination; or
- (b) be used in an appeal of the examination by the candidate.

This is a fillable form. Please type your information in the boxes, then print and sign page two.

Exam date:

(yyyy/mm/dd)

Writing centre:

Location

Check (✓) the type of incident you wish to report and provide a description of the event.

Illness/medical condition

Procedural irregularities

Personal emergency

Other
(reason specified in the description of incident below)

Description of the incident

Very specifically, please describe all the events that occurred. If more space is required, please use the back of this form. Please submit this form with appropriate supporting documentation within 30 days of receiving examination results.

Candidate's comments:

By signing or initialing, I am verifying that the above description is substantially accurate.

Candidate name:

Candidate signature:

Submission

Submit this form by email to examination@coko.ca