

Examination Appeal Form

Please complete all relevant sections of this form in full and submit it to cs@e-careers.com within 14 calendar days of receiving your results. Incomplete forms may not be processed.

Section 1: Learner Information

Full Name:

Learner ID / Student Number (if applicable):

Email Address:

Phone Number:

Course/Programme Title:

Awarding Body (e.g. AAT, CIPD, LIBF):

Mode of Study (eLearning / Classroom / Apprenticeship / Other):

Section 2: Appeal Submission by Third Party (If applicable)

Representative Name:

Organisation (if any):

Relationship to Learner:

Email Address:

Phone Number:

Learner's Signature of Authorisation (attach scanned consent if submitting electronically):

Section 3: Appeal Details

Date of Examination / Assessment Result:

Result Received (attach a copy):

Grounds for Appeal (please be specific):

Summary of Appeal:

Have you contacted the Awarding Body already? (Yes/No) If yes, provide details of outcome:

Supporting Evidence Attached (list documents):

Section 4: Declaration

I declare that the information provided in this form is accurate and complete to the best of my knowledge.

I understand that e-Careers may contact the awarding body on my behalf and may share this information as required for the purpose of processing my appeal.

Learner Signature: _____ Date: _____