## **APPEALS FORM**



## **IMPORTANT NOTES**

1. Applications must be submitted within 2 weeks of the final grade being released. Late applications will not be entertained.

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2. Please complete this form thoroughly. Incomplete forms will be rejected.

- 3. Application for an Appeal for Re-Marking must be accompanied by the cash/cheque payment of \$50.00 (excluding GST).
- 4. All fees paid are non-refundable.
- 5. ERC Institute is committed to maintain the confidentiality of the student's personal information and undertakes not to divulge any of the student's personal information to any third party without the prior written consent of the student subjected to the obligation of ERC Institute to disclose to any Singapore government authority any information relating to the student in compliance with the law and/or to the organization conferring/awarding the qualification.

PART A: STUDENT INFORMATION					
Name:			Student ID:		
Email Address:			Contact Number:		
Type of Application: Appeal for Re-Marking (Complete Part C)					
PART B: PROGRAMME DETAILS					
Title of Programme:					
Module Name:			Module Code:		
Intake:	Month & Year of Module C			ompletion:	
Name of Lecturer: Date of Exam		ination Results Release:			
PART C: APPEAL DETAILS (IF APPLICABLE)					
Please complete this section in detail if you are requesting for an appeal for re-marking					
PART D: FOR OFFICIAL USE ONLY					
Programme Manager (SSA Division)					
Verified by:			Signature & Date:		
Independent Marker & Examination Board Representative					
Outcome:			Change in Marks		
Please provide comments to aid the student's understanding of the grade received.					
Name of Independent Marker:			Signature & Date:		
Examination Department Staff					
Items received:   Student Counselling Form   Examination Script   Coursework & Assignments					
Verified by:			Signature & Date:		

[Rev No.: F-506-02] | 01 April 2021