Undergraduate and Postgraduate Education Center

**Exam Enquiry Form**

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| **Student Name** |  |
| **Student ID Number** |  |  |  |  |  |  |  |  |  |  |  |
| **Year of study** |  |
| **Course title** |  |
| **Nature of query** |
| **Clearly explain the nature of your query using additional pages if required. The Program Office reserves the right to decline to follow up unsubstantiated enquiries.** |
|  |
| **Signature of student** |  | **Date** |  |

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| Office use only |
| **Date received by the Program Office** |  | **Authorized signature** |  |
| **Feedback from examiner** |
| **Result of Review** **Examiner Signature**  |
| **Additional Feedback (Optional)** **Examiner Signature** |

All queries must be submitted to the Program Office within 7 days of publication of assessment marks.