



Registry

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Black River Campus
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Derrick Rochester Campus
Junction,
St. Elizabeth
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965-8941
Ext: 51000
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ASSESSMENT APPEALS FORM

Name of Candidate: _____ NQR #: _____

Programme: _____

On the basis of my rights under the Appeal Process I am requesting a review of the decision taken with regards to the below -mentioned unit(s) of competence:

Unit(s) of Competency Assessed: (1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Assessment Strategies Used: _____
(Written/Oral/Practical/Observation)

Name of Assessor/Instructor: _____

Evidence to substantiate claim

Did you discuss this dissatisfaction with your instructor / assessor? YES NO

If yes, what was the outcome? _____

Candidate's Signature: _____ Date: _____

Received By: _____ Signature: _____
(AAMO/Registrars/HOS/Manager/Director/Principal)

Date: _____