

ASSESSMENT APPEAL FORM (A)

(Please read the following instructions before completing this form)

INSTRUCTIONS

1. All appeals against examination results shall be made in writing to Singapore Institution of Safety Officers (SISO) **within 7 working days from the release of results.**
2. A non-refundable processing fee of SDG ***\$107.00 (*Inclusive of GST)** per appeal should be payable (Note: The processing fee will be refund if appeal is successful. However, you would need to pay for reassessment fee)
3. Only one appeal per module can be lodged with SISO.
4. Notification on the outcome of the appeal will be within 4 weeks from the date of appeal.
5. No re-appeals are permitted.
6. Please ensure that ALL parts of the form are completed before submission and is signed and dated.
7. Please ensure that your supporting documents are attached with the form.
8. Late submission and incomplete form will not be accepted or entertained.

SECTION A: (To be completed)

Name:	
Address:	NRIC/WP No:
Email:	Contact No:
Course Title (Batch):	
Module:	Assessment Date:
Reasons for appeal (Documentary Evidence must be attached)	

I have read and agree to the above instructions

Participants' Signature: _____

Date: _____

SECTION B: (To be completed by SISO)

Appeal Processing Fee Paid: YES / NO * S\$107.00(with GST)		Documents checked and found
Receipt No. / Date: Received by:		CORRECT / INCORRECT
Appeal Results: Successful/Unsuccessful* Refund Date: Refund by:	Acknowledgement by:	
Re-assessment Processing Fee Paid: YES / NO * Level A - S\$195.80 (with GST) Level B - S\$179.80 (with GST) Level C - S\$226.30 (with GST)	Signature: _____	
Receipt No. / Date: Received by:	Name: _____	
	NRIC/WP Number: _____	
	Date: _____	

SECTION C:

Note participant has not met the following: <input type="checkbox"/> 75% of course attendance <input type="checkbox"/> Completed Assessment 1 and 2 Comments:	
Name:	Date:
Signature:	

SECTION D: (Decision of Examination Board)

Appeal Results: Successful/Unsuccessful* Comments:	
Secretary of Exam Board / Exam Unit Staff:	Date:
Signature:	