

MINISTRY OF EDUCATION
NATIONAL EXAMINATIONS COUNCIL
FOR
TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING

REQUEST FOR REVIEW OF EXAMINATION RESULTS

IMPORTANT NOTE TO CANDIDATES:

All request for review of examination results by internal candidates (i.e. candidates (full-time or part-time) entered by institutions) must be submitted through the principal/director of the institution attended. Internal candidates are required to consult with the principal/director (or his/her delegate) before submitting this form. Only cases which are supported in writing by the principal/director (or delegate) will be processed. Requests must be received by the Council within **two months** of release of the course results.

External candidates may submit request directly to the Council.

FULL NAME (BLOCK): Surname..... First Name.....

POSTAL ADDRESS:.....

.....

INSTITUTION/SCHOOL:.....

COURSE:.....

(Indicate by tick (√) in the appropriate box)

FULL TIME

PART TIME

EXTERNAL

EXAMINATION NUMBER:.....

Secretary
National Examinations Council
Education Towers, Tower A, Level 11
No.5 St. Vincent Street
Port of Spain

Dear Sir/Madam

I am hereby requesting a review in the following subject/s

.....
.....

FEE PAYMENT \$75.00/SUBJECT

I attach my receipt No. _____ for \$ _____ which represents payment for review
for _____ subject/s.

Candidate's signature..... Date:.....

Secretary, National Examinations Council

Dear Sir/Madam

I have determined the above case to be deserving. I support this request.

Yours faithfully

Principal/s/director's (or delegate's) signature.....

Name (BLOCK).....

Official stamp of institution