

MINISTRY OF EDUCATION
NATIONAL EXAMINATIONS COUNCIL
FOR
TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING
REQUEST FOR REVIEW OF EXAMINATION RESULTS

IMPORTANT NOTE TO CANDIDATES:

Internal candidates (full-time) 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 (2) months** of release of the course results. External and Private candidates may submit requests directly to the Council.

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

POSTAL ADDRESS:.....

.....CONTACT #:.....

EMAIL:.....

INSTITUTION/SCHOOL:.....

COURSE:.....

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

FULL TIME

EXTERNAL

PRIVATE

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 of the following subject(s):

.....
.....

FEE PAYMENT: \$75.00/SUBJECT

I attach my receipt No. _____ for \$ _____ which represents payment for the review of _____ 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