



The Government of the Republic of Trinidad and Tobago

MINISTRY OF EDUCATION

EXAMINATIONS UNIT

CSEC/CAPE RESULTS REVIEW & ACKNOWLEDGEMENT FORM

THIS SECTION MUST BE COMPLETED

CANDIDATE NAME: _____

ADDRESS: _____ YEAR OF EXAM _____

REG. NO: _____ PHONE NO: _____

CSEC - JANUARY

CSEC- MAY/JUNE

CAPE- MAY/JUNE

KINDLY COMPLETE ONLY THE RELEVANT ROWS BELOW:

TYPE OF QUERY	FEE	SUBJECT(S) TO BE QUERIED	<u>FOR STAFF USE ONLY</u>
ABSENT (Please attach all receipts from the specific subject as proof of having written all papers)	NO FEE		RECEIPTS RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/>
UNGRADED (If resit, please provide previous registration number)	NO FEE		
REVIEW (Bank Draft MUST be attached)	BBDS\$60.00		BANK DRAFT #
PERSONAL DATA (Bank Draft MUST be attached & other required documents)	BBDS\$50.00		BANK DRAFT #

PERSONAL DATA QUERY– Request for amendments to your personal particulars (i.e. name, sex, date of birth etc.) stated on the preliminary result slip/ certificate **MUST** be accompanied with a Bank Draft, a copy of the Preliminary Result Slip/ certificate and a copy of your Birth Certificate.

CORRECT NAME: _____ **CORRECT DATE OF BIRTH:** _____

CORRECT SEX: _____

BANK DRAFTS ARE TO BE MADE OUT IN FAVOUR OF: THE REGISTRAR, CARIBBEAN EXAMINATIONS COUNCIL

CANDIDATE/GUARDIAN SIGNATURE _____ DATE SUBMITTED _____

STAFF SIGNATURE

STAFF NAME (BLOCK LETTERS) _____

/F/Permanent Secretary
Ministry of Education