

TVET CDACC ASSESSMENT APPEAL FORM

Candidate's Name: _____

Candidate's Reg. No. _____

Candidate Contact information:

Phone No.: _____

Email: _____

Assessment Center Name: _____

Assessment center code: _____

Assessor's name: _____

Assessor's Reg. No.: _____

Assessor's Contact information:

Phone No.: _____

Email: _____

Date of assessment: _____

Qualification/Course assessed: _____

Unit(s) of Competency relevant to this appeal:

I _____ request a review
of the assessment results with regards to the above-mentioned unit(s) of competency.

Candidate's signature: **Date:**