

ACADEMIC MISCONDUCT APPEAL FORM

INSTRUCTIONS:

1. Appeals shall be made in writing to the Examination Centre by the stipulated deadline stated in the letter
2. Such appeal should be accompanied by a non-refundable administrative fee of S\$340 (inclusive of GST) per appeal, made payable to **“PSB Academy Pte Ltd”**.
3. Student will be notified of appeal outcome within 4 weeks from date of appeal.

SECTION A: CANDIDATE’S DETAILS	
Name of Candidate (as in NRIC / Passport)	NRIC / FIN / Passport No. (Include prefix)
Email Address	Contact No.
Course Title	Module Title
Date of Examination/Re-Examination * (*Please delete accordingly)	
<input type="checkbox"/> I understand and accept that irrespective of the outcome of the appeal or if I fail to turn up for the scheduled meeting (regardless of the reason), the administrative fee is strictly non-refundable. If I fail to turn up for the scheduled meeting, the Board of Appeal will make a recommendation based on the written justification stated in Section B below.	
_____ Signature of Candidate	_____ Date
SECTION B: REASON FOR APPEAL (TO BE COMPLETED BY CANDIDATE)	
<p>Note: You <u>must</u> provide a detailed explanation of the misconduct/incident which caused you to be disqualified from the examination, or any other assessment components (e.g.: coursework). The Board of Appeal reserves the right to reject your application if insufficient explanation is provided. You may attach a separate note to this application form if there is insufficient place for your explanation.</p>	
_____ Signature of Candidate	_____ Date
SECTION C: ACCEPTANCE OF APPEAL APPLICATION (CANDIDATE WILL BE INFORMED VIA ELECTRONIC MAIL)	
_____ Name & Signature of Exam Staff	_____ Date

ACADEMIC MISCONDUCT APPEAL FORM

SECTION D: BOARD OF APPEAL'S RECOMMENDATION		
<p>Date of Board of Appeal: _____</p> <p>Remarks:</p>		
Name of Board of Appeal Chairman	Signature	Date
Name of Board of Appeal Member (1)	Signature	Date
Name of Board of Appeal Member (2)	Signature	Date
<p>SECTION E: APPROVAL FROM MODULE ASSESSMENT BOARD (MAB) CHAIRMAN/CO-CHAIRMAN</p> <p>The MAB Chairman/Co-Chairman who approves the final version should be an independent party from Board of Appeal.</p>		
<p>The MAB Chairman/Co-Chairman has reviewed the findings and recommendations.</p> <p>The appeal is successful / unsuccessful.</p>		
Name of MAB Chairman/Co-Chairman	Signature	Date