

ATTACHMENT F

REVIEW OF WRITTEN EXAM RESULTS FORM

DO NOT SUBMIT THIS FORM UNTIL AFTER YOU HAVE RECEIVED YOUR RESULTS REPORT

This request must be received no later than one (1) month after you receive your notification of failure. Please print or type all information on this form. Review of exam results will be processed and mailed approximately two (2) weeks from the receipt of the request. Review of exam score results is final.

CANDIDATE NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

POSTAL CODE

COUNTRY

PRIMARY PHONE NUMBER

PRIMARY EMAIL ADDRESS

EXAM DATE

If the information above is different from what you provided on the original application, please provide the information entered on the original exam application below.

CANDIDATE NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

PROVINCE

POSTAL CODE

COUNTRY

PRIMARY PHONE NUMBER

PRIMARY EMAIL ADDRESS

EXAM DATE

I hereby request review of my exam results.

CANDIDATE'S SIGNATURE

DATE