

THE PUBLIC ACCOUNTANTS EXAMINATIONS BOARD

of

THE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF UGANDA

42 Bukoto Street, Kololo, P.O. Box 12464, Kampala TEL: 041-4540125/6, 031-2262333, Email: students@icpau.co.ug

REMARKING APPEAL FORM

INSTRUCTIONS TO STUDENTS

- 1. This form should be completed by students who wish to appeal for remarking of their examination paper(s). The form should be received by ICPAU within fourteen (14) days after the date of release of the examination results. This date is indicated in the examination result notification. Students must pay through the banks and should personally submit the forms with attached copies of deposit slips to ICPAU offices. Incomplete applications will be rejected.
- 2. Your name should NOT appear anywhere on this form.
- 3. The form should be delivered in person. Email and other electronic media should NOT be used.
- 4. A remarking fee shall be charged.
- 5. A refund of the remarking fee, less an administrative charge of 20% shall be made if, after the remarking, the student's results for a particular paper change from FAIL to PASS.
- 6. You will be required to commit yourself to accept the outcome of the remarking as final.
- 7. You should attach a copy of the bank deposit slip for the remarking fee.

STU	DENT INFORMATION
Exar	m No Seat. No
Tel I	No
Ema	il
Cour	se
Exar	nination paper(s) appealed for remarking
1.	
2.	
3.	
4.	
5.	
Exar	minations diet (e.g. November 2015)
Evan	mination centre

2.	REASON(S) FOR REMARKING APPEAL.	
C.	DECLARATION BY STUDENT	
	I hereby declare that:	
	(i) I shall maintain the confidentiality of this appeal.	
	(ii) I shall accept the results of the remarking as FINAL.	
	Signature	
	Date	
FOR (OFFICE USE ONLY	
Rema	rking Appeal Form received on	
Bank	deposit slip No	
Name	<u> </u>	
Signa	ture Date	