

## ASSESSMENT REVIEW & APPEAL APPLICATION FORM

Please ensure you read the Assessment review & appeals policy and procedure published on the CIPS website:  
[www.cips.org/qualifications/student-zone/policiesandprocedures/](http://www.cips.org/qualifications/student-zone/policiesandprocedures/)

Complete this form in full and return to CIPS Awarding Operations Team no later than One week after your assessment result has been released and return to [assessment.team@cips.org](mailto:assessment.team@cips.org)

Membership Number:	
Name:	
Module/assessment to which this application refers:	
Assessment date:	

**Stage 1 Review: R895.00:** Your assessment paper will be re-assessed by a different marker and you will be advised of the outcome. (this does not apply to the objective response (OR) exam format).

**Stage 2 Appeal: R2150.00.** An appeal will only be considered if you can show that CIPS processes were not properly followed during the assessment. Appeals will be heard by individuals who have no personal interest in the decision(s) being appealed, and will include at least one person who is independent of CIPS.

I wish to challenge the result awarded/reviewed for the above assessment because (describe reason for application)\*:

*\*Important note: reasons such as illness or something else that you believe affected your performance during an examination or assessment cannot be considered at this stage. If you believe that something has affected your performance during an examination or assessment, you must notify CIPS within one week of the assessment date, under the Special Considerations part of the Reasonable Adjustments policy.*

**FEES:** Please note your application will not be processed if payment is not received with this form.

**Stage 1: Review 895.00Rand**

**Stage 2: Appeal 2150.00Rand**

Bank transfer (bank details below) Proof of payment attached  Card type: Debit card  Credit card

Name of cardholder:			
MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	Amex <input type="checkbox"/>	Maestro <input type="checkbox"/>
Card number:			
Issue number:	Start date:	Expiry date:	
Payment: £			

CIPS SA Bank: Centurion Branch Code: 26-15-50 Account No. 62308072066 Swift Code FIRNZAJ926  
 Quote your membership number as a reference.