



OTHM Appeals Application Form

Please complete this form (in Block Letters) if you wish to make an appeal concerning your examination results.

1. Name: _____

2. Address: _____

3. Email Address: _____

4. Telephone: _____ Mobile: _____

5. OTHM Student Number: _____
(Your Appeals Application Form will be returned if not completed)

6. Name of your OTHM Study Centre: _____

7. Address of Study Centre: _____

8. List: Subjects that you wish to be re-assessed by OTHM

Subject Title	Level	Date of Examination	Exam Centre	Cost (£)
Total				£

Please note that a (non-refundable) fee of **£50 per paper** is applicable for appeals. (This fee is applicable for all Zone 1 countries. Zone 2 and 3 countries fee is £45 per paper). All cheques or postal orders are payable to 'OTHM'. Payment may also be made via debit or credit card.

9. Signature of Student: _____ Date: _____

10. Name of Course Manager/Tutor: _____ Date: _____

11. Signature of Course Manager/Tutor: _____ Date: _____

College Stamp:

Please send all appeals via recorded/registered post to:
Examinations Officer
OTHM
SBC House, Restmor Way
Wallington, Surrey
SM6 7AH, UK

