

RE-ASSESSMENT APPLICATION FORM

CANDIDATE'S PERSONAL DETAILS:

SURNAME :

FIRST NAMES IN FULL :

EXAMINATION NUMBER :

COUNCIL REF NUMBER :

TEL/CELL :

EMAIL ADDRESS :

FAX NUMBER :

**RE-ASSESSMENT RESULTS ARE NOT SENT BY SMS/POST
PLEASE ENSURE A VALID E-MAIL ADDRESS/FAX NUMBER**

I hereby apply for re-assessment of my examination answer book(s) for the following examination:

.....

Held in.....
(Month and year only)

I certify that the above stated information is correct.


DATE:..... (CANDIDATE'S SIGNATURE) :.....

INSTRUCTIONS

1. THE FEE OF R890.00 PER PAPER MUST ACCOMPANY THIS FORM **(NON-REFUNDABLE)**
2. THIS FORM AND THE FEE MUST REACH THE COUNCIL ON OR BEFORE THE CLOSING DATE AS STIPULATED ON THE EXAMINATION RESULTS COVERING LETTER SENT TO THE NURSING EDUCATION INSTITUTION.
3. CANDIDATE TO APPLY FOR REASSESSMENT OF THEORY ONLY.
4. THE MARKS ALLOCATED TO A CANDIDATE UPON RE-ASSESSMENT, SHALL BE FINAL AND BINDING.
5. BANKING DETAILS: FNB 51425166282 CURRENT ACC. BRANCH CODE: 253145. REF: COUNCIL REFERENCE NUMBER FOLLOWED BY REMAFEE
6. PLEASE E-MAIL THE FULLY COMPLETED FORM TO: exams@sanc.co.za

SANC 20 (2020-01-01)

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