Test Results Appeal Form

This form serves as your formal request to appeal the results of your W.I.T.S. 4 part practical exam. The process takes up to 45 business days as we gather information and input from all parties involved. The fee for this review is $25. If the review is upheld in your favor, you will receive a full refund of the fee. All required items should be attached and mailed to our office. You may also email the requirements to cparsons@witseducation.com . Incomplete or missing items will not be accepted. You will be contacted with the results of your review. **This form must be received within 30 days of your exam results date. No reviews will be accepted past 30 days.**

Please submit:

- Completed Test Results Form
- $25 Review Fee (payable by check/money order, VISA, MasterCard and Discover)

Student Information:

Name _____

Address _____

City _____ State_____ Zip _____

Phone _____ Email _____

Payment Information:

Total enclosed: $_____

Check (make payable to W.I.T.S.) Visa/MasterCard/Discover

Card Number _____ Exp. Date _____/_____

Course Information:

Location of Testing _____ Test Date _____

Name of Proctor/Examiner Administering Test _____

Exam Information:

Section (s) up for Review (please circle)

1 2 3 4

Please provide a brief but detailed description of your insights regarding what took place on your test date. **You either did it completely as requested or you did not. Your subjectivity or feelings are not in the formula for an appeal. The issues must be specific protocols that were shown to have been missed**. Please be detailed to include reference page numbers in the workbook and textbook for the item you are contesting. If you need additional space, please use the back of this sheet and or attach a WORD document.

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