

**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 kasneb within **fourteen (14) days** after the date of release of the examination results. This date is indicated in the examination result notification. Students paying through the banks or other agents **should personally send the forms** attaching copies of deposit slips to kasneb so as to be received within the stated deadline. Appeal forms received after the stated deadline will not be considered.
2. Students are ADVISED not to make the appeal decision in a rush and to note that no extraneous circumstances will be considered during the remarking.
3. The outcome of the appeal will be communicated to the student through the contact information provided on the form within four weeks of the appeal. **kasneb will NOT enter into any further correspondence with the student on the appeal.**
4. Your name should NOT appear anywhere on this form.
5. The form should be delivered in person or sent by post. Email and other electronic media should NOT be used.
6. A remarking fee shall be charged at Sh. 5,000 per paper for technician and diploma level examinations and Sh. 7,500 per paper for professional level examinations.
7. A refund of the remarking fee, less an administrative charge of 15% shall be made if, after the remarking, the student's results for a particular paper change from FAIL to PASS.
8. You will be required to commit yourself to accept the outcome of the remarking as final.
9. You should attach a copy of the receipt or bank deposit slip for the remarking fee.

A. STUDENT INFORMATION

kasneb registration number.....Identity card /Passport No.....
Tel: No. Email.....
Name of examination..... Level/Part and Section.....
Examination paper(s) appealed for remarking.....
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Examination sitting..... Examination centre.....

B. REASON(S) FOR REMARKING APPEAL.....
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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

Remarking Appeal Form received on..... Receipt/bank deposit slip No.....

Name..... **Signature**..... **Date**.....