



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. *Your name should NOT appear anywhere on this form.*
4. *The form should be delivered in person or sent by post. Email and other electronic media should NOT be used.*
5. *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.*
6. *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.*
7. *You will be required to commit yourself to accept the outcome of the remarking as final.*
8. *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.....

 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.....