The Arab International Society for Management Technology (AIMICT)

APPEAL FORM

Participants who wish to appeal their exam results or a specified test item will be allowed to do so by completing this form. Please provide all of the following information in as much detail as possible. AIMICT will not accept appeals by telephone, fax or email; you must use this from. You must submit this appeal within five days of receiving your exam results.

| Candidate Name | | | | |
|--|------------|-----------------|----------------|------|
| Candidate Numi | ber | | | |
| Program Title | | | Year of Study | |
| Address: City, St | ate, Zip | | | |
| Telephone | | | E-mail Address | |
| Date of Exam | | | | |
| Location of Exar | n | | | |
| Session Number in which you want to appeal | | | | |
| Session/s Obtain | ned Grade | | | |
| Details of the appeal | | | | |
| | | | | |
| I certify that the | above info | rmation is true | | |
| | nature | | | Date |
| Send this form to: | | | | |

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