



STUDENT QUERIES FORMS

INSTITUTION NAME:

STUDENT DETAILS

STUDENT EXAM NUMBER :

DATE :

N.R.C NUMBER :

SURNAME :

FIRST NAME :

LAST NAME :

OTHER NAME :

CONTACT NUMBER :

COURSE NAME :

EXAM SITTING :

May/April	July/Aug	Nov/Dec	Year	<input type="text"/>
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TYPE OF QUERY

Missing Statement of Results	<input type="checkbox"/>	Missing subject on Statement of Results	<input type="checkbox"/>
Missing Certificate	<input type="checkbox"/>	Subject Error on Statement of Results	<input type="checkbox"/>
Name Error on Statement/Certificate	<input type="checkbox"/>	Missing Name on Enrolment Register	<input type="checkbox"/>
Name Error on Exam Entry Register	<input type="checkbox"/>	Error on the N.R.C Number	<input type="checkbox"/>

STATE YOUR PROBLEM IN FULL:

Student Signature: _____