



THE UNITED REPUBLIC OF TANZANIA

PRESIDENT’S OFFICE

REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

THE LOCAL GOVERNMENT TRAINING INSTITUTE (LGTI) – HOMBOLO



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OFFICE OF THE DEPUTY RECTOR-ACADEMIC RESEARCH AND CONSULTANCY

APPEAL FORM AGAINST EXAMINATIONS RESULTS

PART A:- (To be filled by the Appellant)

(1) PERSONAL PARTICULARS

- a) Name of the Candidate:-.....
b) Sex.....Address.....
c) Mobile Phone(s).....
d) Registration Number.....
e) Department.....
f) Program Registered for.....
g) Academic Year (Eg.2020/2021..... Semester (I, II, III, IV, V OR VI).....

(2) WHAT ARE YOU APPEALING AGAINST? (Please indicate by putting a tick against the option )

- a) Discontinuation [ ]
b) Carrying forward [ ]
c) Supplementing [ ]
d) Special [ ]

e) Name the module(s) you are appealing for remarking

- Module 1..... Module 2.....
Module 3..... Module 4.....
Module 5..... Module 6.....

**(3) MAJOR REASON(S) FOR APPEAL (In summary and include attachments of evidences)**

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**(4) LIST OF SUPPORTING DOCUMENTS ATTACHED PER MAJOR REASON(S) RAISED BY THE APPELLANT (Including Copy of the appeal fee receipt)**

a) .....  
b) .....  
c) .....  
d) .....

**(5) DECLARATION BY APPELLANT (CANDIDATE/STUDENT)**

I..... (the Appellant) do here by declare that all the information and details provided in sections 1, 2, 3, and 4 above are correct to the best of my knowledge.

Signature..... Date.....

**FOR OFFICIAL USE ONLY**

**PART B: Recommendation(s) by the Institute Appeal Committee (IAC) on the authenticity of the Appeal.**

**1) The appeal is genuine and is recommended to be remarked**

SN	MODULE	CW	IE	E.E	A.P.R	TOTAL	REMARKS
1							
2							
3							
4							
5							

**KEY**

**CW:- Coursework    IE :- Scores by Internal Examiner .E.E :- Scores by External Examiner**

**A.P.R:- Appear Results after Remarkng**

2) **OR OTHERWISE (Please State):**.....  
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**Name**.....**Date**.....**Signature and official Stamp of secretary to the Institute Appeal Committee (IAC)** .....

**PART C: DECISION TAKEN BY ACADEMIC PLANNING COMMITTEE (APC).**

a) **The appeal is Accepted/Rejected**.....  
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b) **Remarks**.....  
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**Name**.....**Date**.....**Signature and official Stamp of secretary to the Academic Planning Committee**.....

**Note: All appeals must be submitted within 14 days after the release of Provisional Examination Results as per examination regulations otherwise the appeal submitted out of stipulated time will not be processed.**