



# TANZANIA REVENUE AUTHORITY

ISO 9001:2015 Certified

## INSTITUTE OF TAX ADMINISTRATION

### EXAMINATION APPEAL FORM

Full Name: ..... Registration No: .....

Examination No: .....

Programme ..... (e.g. CCTM)

Course codes ..... (e.g., GS 4104)

Course names ..... (e.g. Math)

Current year of study ..... ( e.g.1, 2, 3) Done

in academic year: ..... ( e.g.2018/2019)

Phone number(s).....Email address.....

#### Tick where appropriate

Semesters First [ <input type="checkbox"/> ] Second [ <input type="checkbox"/> ] Type of examination:
Final [ <input type="checkbox"/> ] Coursework marks.....Final marks.....Total.....Grade.....

#### Appeal Details

Describe the decision appealed supported by concrete reasons appeal in the space below (attach extra paper if necessary):

.....  
.....  
.....  
.....  
.....

#### Declaration

I declare that the information given in this form is to the best of my knowledge true, I would be willing to answer further questions relating to it if necessary

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

**NB: each module appealed should be accompanied by an appeal fee of TZS 30,000**