

## APPLICATION FOR EXAMINATION RESCHEDULING

PLEASE COMPLETE ALL SECTIONS OF THE FORM IN CAPITAL LETTERS

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### A. PERSONAL DETAILS

Candidate number: \_\_\_\_\_

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Title of unit: \_\_\_\_\_

Original Examination date: \_\_\_\_\_

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### B. REASON(S) FOR THE REQUEST

Please summarise your reason(s) in the box below:

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### C. SUPPORTING EVIDENCE

Please list the evidence you are submitting to support your request

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please note that any evidence submitted will be available to Propertymark Qualifications only. Propertymark Qualifications will ensure that all information is kept confidential and not provided or discussed with third parties.

