



SINGAPORE EXAMINATIONS AND ASSESSMENT BOARD
 298 Jalan Bukit Ho Swee, Singapore 169565,
<http://www.seab.gov.sg>

**SINGAPORE-CAMBRIDGE GCE N(A) / N(T) / O / A-LEVEL ORAL EXAMINATIONS
 REQUEST FOR RE-SCHEDULE OF ORAL EXAMINATION**

- Private candidates who need to request for re-scheduling of your oral examination date must submit this form and the relevant supporting documents to Singapore Examinations and Assessment Board (SEAB) by 5pm on the day of your scheduled oral examination date.
- Email the documents to seab_gce_admin@seab.gov.sg. SEAB will acknowledge the receipt of the application within 3 working days.

[A] CANDIDATE'S PARTICULARS

Name of Candidate : _____ Identification No. : _____

Centre/Index No. : _____ / _____ * Exam Level : N(A) / N(T) / O / A
 (*circle where appropriate)

[B] ORIGINAL ORAL EXAMINATION DATE

Subject Name	Subject Code	Original Exam Date	Assigned Exam Centre for oral examination

[C] REASONS FOR REQUESTING TO RESCHEDULE ORAL EXAMINATION:

Supporting evidence attached (please circle): Yes / No

(Application must be supported by a medical report/statement from a qualified medical practitioner. It should clearly state the doctor's diagnosis and certify that the candidate was unwell when taking the exam or was unfit to take exam on the day of exam).

[D] DATE(S) THAT YOU ARE UNABLE TO SIT FOR ORAL EXAMINATION

[E] Declaration

I unreservedly declared that the information on this form is correct and understand that my request will be rejected if any of the information provided is incomplete. I also understand that if the information provided is false, I will be subject to the penalty measures as listed in the "Instructions to Private Candidates".

Name of Candidate: _____ Signature / date : _____

Contact Number : _____ Email Address : _____

