



**ST ANDREW'S SECONDARY SCHOOL
SECONDARY THREE EXPRESS 2018
COURSE AND SUBJECT ELECTIVE APPEAL FORM**

Name of Student: _____ Class: _____ ()

Contact No.: _____ (Home)

_____ (Mobile)

NOTE

Appeal form to be submitted by Wednesday, 7 November 2018 5 pm via the following options:

- *To the General Office; or*
- *Email signed and scanned copy to Ms Low Su Rin, Asst. Year Head (Lower Sec) at low_su_rin@moe.edu.sg*

Note: Results of appeal will be known after Friday, 9 November 2018 from 5 pm onwards.

ALLOCATION

Please indicate the course and elective(s) that you have been allocated.

Course

Course A

Course C1

Course C3

Course B

Course C2

Elective: Course A, B & C1

Art

Electronics

Literature

Biology

Geography

Music

Elective 1: Course C2 & C3

Art

Additional
Mathematics

Design & Technology

Elective 2: Course C2 & C3

Electronic

Literature

Music

Geography

Principles of
Accounts

APPEAL

Please indicate the course and/or elective that you wish to appeal.

Course

Course A

Course C1

Course C3

Course B

Course C2

Elective: Course A, B & C1		Relevant Subject	Relevant Subject EOY Marks (%)
<input type="checkbox"/>	Art	Art	
<input type="checkbox"/>	Biology	Science	
<input type="checkbox"/>	Electronics	Science	
<input type="checkbox"/>	Geography	Geography	
<input type="checkbox"/>	Literature	Literature	

Elective 1: Course C2 & C3		Relevant Subject	Relevant Subject EOY Marks (%)
<input type="checkbox"/>	Art	Art	
<input type="checkbox"/>	Additional Mathematics	Mathematics	
<input type="checkbox"/>	Design & Technology	Design & Technology	

Elective 2: Course C2 & C3		Relevant Subject	Relevant Subject EOY Marks (%)
<input type="checkbox"/>	Electronics	Science	
<input type="checkbox"/>	Geography	Geography	
<input type="checkbox"/>	Literature	Literature	
<input type="checkbox"/>	Principles of Accounts	Mathematics	

Sec 2 EOY Overall percentage: _____%

Note: Any inaccuracy of information will render this appeal void.

Reason for appeal:

Parent/Guardian Signature: _____

Parent Name: _____

Parent Contact No.: _____

For Office Use Only:

<input type="checkbox"/> Successful	Appeal Form No: _____		
<input type="checkbox"/> Unsuccessful			
For Course:	<input type="checkbox"/> No Vacancy	<input type="checkbox"/> Below course cut off (%)
For Elective:	<input type="checkbox"/> No Vacancy	<input type="checkbox"/> Below course cut off (%)