

**APPEAL AGAINST EXAMINATION / ASSESSMENT RESULTS
APPLICATION FORM**

Candidate Name: _____

Candidate ID: _____

Email address: _____

Telephone Number: _____

Examination : Emirates Medical Residency Entrance Examination (EMREE)
 Emirates Dental Residency Entrance Examination (EDREE)
 Emirates Clinical Pharmacist Residency Entrance Examination (ECPREE)
 Other exam (specify).....

Please clearly identify the reasons for which the appeal is being made

STATEMENT IN SUPPORT OF APPEAL

Please provide a statement in the space below to support your case for appeal. If necessary, you may attach a separate sheet. This application must contain all information that you wish to have taken into account in the appeal.

SIGNATURE: _____ **DATE:** _____

**Kindly send the appeal form along with all supporting documents and copy of payment slip to
NIHS@UAEU.AC.AE**

Payment of Appeal Fees of AED 500 should be issued by wire transfer to:

*United Arab Emirates University
Abu Dhabi Commercial Bank
Swift Code: ADCBAEAA
IBAN # AE540030011447524920001*