

APPEALS FORM

This appeals form is required for any testing special accommodations or disputes to any exam questions, scoring or NWCA decisions made.

Date: _____

Print Name: _____

Address: _____

Phone: _____ Email: _____

Describe your appeal or special testing accommodation request in detail here. Provide medical documentation if needed, and attach additional sheets of explanation if necessary. Include all the information NWCA needs to determine if your request is valid. If the necessary information for your appeal is not included, NWCA will not review your request and will automatically reject your appeal.

Signature of Person Making Appeal: _____

Date: _____

Email or mail the completed Appeal Form and supporting documentation to:

Email

info@nwca.org

Mail

National Workforce Career Association
6031 University Blvd., Ste 300
Ellicott City, Maryland 20143