**TELT Examination – March 2025**

***(Request for Revision of Paper 10th – 16th April 2025)***

**The Director of Examinations**

**Examinations Department**

**Pinto Business Centre, Level 2**

**Mill Street**

**Qormi**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I.D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Index No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sir,

I would like to apply for a revision of paper of the above-mentioned examination.

...................................................................

Signature of Candidate

....................................................................

NAME IN BLOCK LETTERS

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Fee:**  €35.00 | For Office use | *For Office use* Rec. No \_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount € \_\_\_\_\_\_\_\_  Cashier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |