



**COLLEGE OF FAMILY PHYSICIANS SINGAPORE**

**APPEAL FOR COMPLETION OF A MODULE OF FMMC/GDFM PROGRAMME VIA CASE STUDY WRITE UP**

**To** : College of Family Physicians Singapore  
**Attention** : Course Director

<b>Details of Incomplete Module</b>		
Module No.	_____	
Workshop 1	_____ (date)	Attended / Not Attended
Workshop 2	_____ (date)	Attended / Not Attended
Workshop 3	_____ (date)	Attended / Not Attended
Workshop 4	_____ (date)	Attended / Not Attended
<b>Reasons for not attending each of the 2 Workshops</b> (Please attach supporting documents, eg. Notice for Reservist training, hospitalisation certificate if any)		
_____		
_____		

I, \_\_\_\_\_ MCR No. \_\_\_\_\_ appeal to be allowed to complete the module by writing up all the case studies which I have missed attending in the 2 workshops and to attend a viva if deemed necessary.

I agree to abide by your decision and also the terms and conditions if the appeal is approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>For Official Use Only</b>		
<b>The above appeal is <u>approved</u> / <u>not approved</u>.</b>		
_____	_____	_____
Name & Signature	Designation	Date

<b>For Official Use Only</b>		
<b>Grading of Case Write Up / VIVA</b>	<b>Date of Submission :</b> _____	
<u>Result of Submission</u>		
Case write up for Workshop _____	_____	Pass / Fail
Case write up for Workshop _____	_____	Pass / Fail
Case write up for Workshop _____	_____	Pass / Fail
Case write up for Workshop _____	_____	Pass / Fail
<u>VIVA VOCE</u>		
Examiner : _____	Date : _____	Pass / Fail
<b>The Module _____ is certified completed / incompleted in terms of attendance at workshops.</b>		
_____	_____	_____
Name & Signature	Designation	Date