

SOUTH CAROLINA FIRE ACADEMY

141 Monticello Trail Columbia, SC 29203 (803) 896-9800



Written and/or Practical Exam Appeal Form

Students requesting to retest a Written and/or Practical Exam after failing to obtain the required minimum score may file an appeal to the Accreditation Coordinator for a final retest opportunity. A student may only appeal based on the following criteria:

- 1. The testing environment was not adequate.
- 2. An external problem contributed to the failure.
- 3. An external problem contributed to not testing within 120 days.

The Accreditation Coordinator does not consider lack of preparation, negligence or vacations to be reasons for an appeal request. Detail why you are requesting this appeal on the reverse side of this form, limit your statement to no more than two pages using an additional sheet if necessary.

NOTE: IF YOU ARE APPROVED, YOU WIL HAVE 45 DAYS FROM THE APPROVAL LETTER TO TEST.

Please clearly print all informatio	n.	_	
SCFID#			
STUDENT FULL LEGAL NAME (exa	ctly as prir	nted on your passport or other gover	nment-issued photo identification)
Last Name	First Na	ame	Middle Name
PRESENT ADDRESS (number, street,	and apart	tment number)	
Street			
City		State/Province	Zip/Postal code
Telephone number (including area code)		Cell phone number (including area code)	
E-mail address	I		

List the course for which you are requesting an appeal. Follow the example below.

Course Co	de – Section Number	Course title	Initial Test Date
Example:	1155 - 21001	Firefighter I	February 04, 2018

Provide Rationale for Appeal Request on Reverse Side

Last Name	First Name	Middle Name	nt-issued photo identification) Middle Name	
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tionale for Appeal Re	quest: Please write legibly or attach	a signed typed request to this form. Limit	your	
atement to no more th	an two pages using an additional she	et if necessary. Include all relevant facts	and dat	
lick or tap here to ente	er text.			
		Date:		