

APPEAL REQUEST FORM

All requests for Appeal must be made within 30 days of receipt of notification of failure in the case of all written exams or 2 hours after the completion of any oral examination by contacting:

AOBP @ (312) 202-8267

I, _____ do formally request an appeal of
print name clearly

my AOBP examination in _____,
which was administered on _____.

I have read and understand the terms and conditions for appeal as set forth in the American Osteopathic Board of Pediatrics (AOBP) Appeal Policy.

This appeal is based on upon the following:

Signature:

Date: