

EUROPEAN ASSOCIATION for TRANSACTIONAL ANALYSIS
Application Appeal Examination

Name: _____

Telephone: _____

Address: _____

Email: _____

Application Field: _____

I wish to appeal against the outcome of the CTA / CTA Trainer / TSTA written examination / oral examination (delete as applicable)

Date of examination: _____

Language Coordinator: (in case of written exam) _____

Exam Supervisor: (in case of oral exam): _____

I will send the relevant material if the COC decide there is ground for my appeal. Here I enclose a copy of the evaluation I have received (only for written exam appeal)

The grounds for my appeal are as follows:

(Please refer to the Appeals procedure and continue on another sheet or overleaf if necessary)