

# IHRC EXAMINATION EXTENSION / DATE CHANGE APPEAL FORM

Submit this form to [generalinfor@ihrc-international-certification.com](mailto:generalinfor@ihrc-international-certification.com)

Website: [www.ihrc-international-certification.com](http://www.ihrc-international-certification.com)



## APPLICATION INSTRUCTIONS

- 1) This form **MUST** be attached with the original application form.
- 2) Fill out all pages of this application.
- 3) Please tick  chosen course and preferred **EXAM WINDOW DATE**.
- 4) It is **MANDATORY** to provide supporting document.

Have you received your examination account details?

YES  NO

## CERTIFICATION DETAILS

- Self-Sponsored  HRD Corp Claimable Courses  
 Company Sponsored

1. RM150 fee applies for any (online / physical) exam rescheduling if requested within two (2) weeks of the exam date.
2. For online exam participants: **Maximum (1) one month extension only**

## CANDIDATE DETAILS

Full Name (As per IC/Passport): \_\_\_\_\_ Name of Company \_\_\_\_\_

Email: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_

## TRAINING DETAILS

Training Program Title: \_\_\_\_\_

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

Name of Training Provider: \_\_\_\_\_

## CURRENT EXAM DETAILS

**Current Exam Mode:** \_\_\_\_\_

Online  Physical Exam

## ORIGINAL EXAM WINDOW

• Start Date: \_\_\_\_\_

• End Date: \_\_\_\_\_

## FOR IHRC OFFICE USE ONLY

**DATE OF APPLICATION:** \_\_\_\_\_

**DATE OF FORM ISSUANCE:** \_\_\_\_\_

**FORM REVERTED ON:** \_\_\_\_\_

**NOTIFICATION MADE BEFORE EXAM DATE?**

**SUPPORTING DOCUMENT RECEIVED?**

**APPROVED**  **REJECTED**

**Verify By:** \_\_\_\_\_

**Certification Payment Status:**

**INCOMPLETED**

**PAID**

Signature: \_\_\_\_\_

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

Payment received on: \_\_\_\_\_

Name: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

## APPEAL REQUEST

Extension of Online Exam Window – Requesting additional time beyond the original one (1) months exam period.

*\*Maximum one (1) month extension only*

*\*RM150 fee applies for online exam rescheduling if requested within two (2) weeks of the exam date.*

Physical Examination Date Rescheduling – Requesting a new scheduled date for the physical examination.

*\*RM150 fee applies for physical exam rescheduling if requested within two (2) weeks of the exam date.*

## REASON FOR APPEAL (PLEASE PROVIDE CLEAR AND SPECIFIC DETAILS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUPPORTING DOCUMENTS (MANDATORY)

Medical certificate  Employer letter  Internal notice

Other relevant documentation (please specify): \_\_\_\_\_

**\* FOR PHYSICAL REMOTE EXAMINATION PARTICIPANTS ONLY:**  
refer below for available **EXAM WINDOW** & select **PREFERRED EXAM WINDOW DATE**

### PHYSICAL EXAM WINDOW (9:00 AM - 5:00 PM)

<input type="checkbox"/> 24 JAN 2026	<input type="checkbox"/> 17 MARCH 2026	<input type="checkbox"/> 30 APRIL 2026	<input type="checkbox"/> 5 JUNE 2026	<b>Preferred Date:</b> _____
<input type="checkbox"/> 29 JAN 2026	<input type="checkbox"/> 16 APRIL 2026	<input type="checkbox"/> 22 MAY 2026		
<input type="checkbox"/> 01 FEB 2026	<input type="checkbox"/> 18 APRIL 2026	<input type="checkbox"/> 15 MAY 2026		

## CANDIDATE DECLARATION

I hereby declare that the information provided above is true and accurate. I understand that IHRC reserves the right to approve or reject my appeal request based on the validity of the reason and supporting documents provided.

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_