

Appendix E

CDT CERTIFICATION EXAMINATION SCORING SHEET

CANDIDATE'S NAME: **name**

Exam No: **000**

Exam Date : **date**

Name of 1st marker :	1st marker	Name of 2nd marker :	2nd marker
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Total Score Attainable	Score Attained		% CORRECT		PASS=P FAIL=X
	Marker 1	Marker 2	Marker 1	Marker 2	

NOTE : BOTH MARKERS' SCORES MUST AGREE BEFORE A PASS OR FAIL RESULT CAN BE GIVEN.

AT LEAST 70% OF THE TOTAL SCORE ATTAINABLE MUST BE ACHIEVED FOR A PASS TO BE GRANTED.

SIGNATURE OF 1st MARKER :		SIGNATURE OF 2nd MARKER :	
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Date Examination Marked : 1st Marker_____ 2nd Marker_____

RECOMMENDATION : _____