 **Tertiary and Vocational Education Commission** 

**Division of Quality Assurance and Assessment Regulation**

**Form of Removing Probation Period**

1. Full Name ………………………………………………………………………………………………………
2. Name with Initial …………………………………………………………………………………………….
3. Number of CBA …………………………………………………………………………………………….
4. Date of Assessment …………………………………………………………………………………………….
5. Centre of Assessment …………………………………………………………………………………………...
6. Trade of Assessment …………………………………………………………………………………………….
7. Number of Student ……………………………………………………………………………………………..
8. Name of Senior Assessors ………………………………………………………………………………………

Name 1- ……………….................... Number of CBA ………………………. Signature …………………..

Name 2- …………………………….. Number of CBA ………………………. Signature ……………….......

1. Note of Assessment (Please attach candidates details)

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 Date ………………………………… ....………………………………

 Signature