The Actuarial Profession
making financial sense of the future

COMMENTS SLIP

Candidate Name: _____ Centre: _____

Candidate Number _____ Subject: _____

ARN: _____ Date: _____

The exam supervisor will notify the Faculty and Institute of any unusual circumstances concerning exam conditions. However, you may wish to notify us of any aspect of the conduct of the examinations with which you personally are unhappy.

GENERAL COMMENTS – to include Venue and Invigilation/Conduct of the Examinations

SPECIFIC COMMENTS – relating to your particular experience(s) during the Examinations

Please return the form to:
The Exams Team, Institute of Actuaries, Napier House, 4 Worcester Street, Oxford OX1 2AW