



NZIMLS EXAMINATION FEEDBACK

Please help us to improve our service to you by completing this form & emailing it to
fran@nzimls.org.nz
or by faxing it to 03 313 2098

1. Examination name : Year of examination:.....

Please circle your opinion on the following questions.

For any "No" responses, please include supporting comments in 5 below.

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|----|--|-----|----|
| 2. | Did the NZIMLS website provide all the information necessary prior to the examination? | YES | NO |
| 3. | Was the examination enrolment procedure easy to follow? | YES | NO |
| 4. | Do you feel the examination was a fair reflection of the syllabus? | YES | NO |

Please attach additional pages if you need more space for your comments.

5. Comments regarding my "NO" responses above:

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6. I would like to make the following suggestions for improving the examination processes:

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Name:NZIMLS Membership No.....

*Please provide your name and/or membership number to enable us to respond to your comments.
We value your feedback and thank you for your time and effort in providing this information.*