



Assessment Appeal Application Form

Section A (to be completed by student)

Nature of the Appeal: *(Please circle)*

Assessment Task Result

Illness/Misadventure Decision

Malpractice Decision

Student Name: Year:

Subject: Class Teacher:

Faculty: Leader of Learning:

Assessment Task Name:

Task No: Date Issued: Due Date: Weighting:

Nature of Task: *(e.g., Major work, examination)*

Section B (to be completed by student)

Reasons for this application: *(attach any relevant supporting documentation)*

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Section C (OFFICE USE ONLY: To completed by relevant staff member)

Reviewer name: Position:

Resolution Decision: Accepted / Rejected

Comment:

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Signature: Date:

Original to Student File. Copy to be uploaded to Compass