

Assessment Appeal Application Form

This form is to be completed by a student *within 5 school days* of an assessment being returned by the subject teacher if the student wants to appeal the grade.

Name of student:		
Subject and standard number:		
Teacher:		
Reason for the appeal:	The assessment was not fair, valid or consistent	
	A further assessment opportunity has been denied	
	Marking/moderation was unfair or inconsistent	
	Other	
Explanation:		
Date:	Student signature:	

Investigation:

Decision reached:	Allowed <input type="checkbox"/>	Not Allowed <input type="checkbox"/>
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Decision communicated to:	Student	Date:
	Parent/Caregiver	Date:
	Teacher	Date:

Follow-up action needed:	
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Date:	Principal's Nominee signature:
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