

ASSESSMENT APPEALS FORM

INSTRUCTIONS FOR STUDENTS:

- You should **NOT** attempt to complete this form unless you have read the associated 'student procedure'.
- \circ Please complete sections 1.0 4.0 only.
- Please forward the completed form to your relevant Unit Leader within 10 days of being advised the outcome of your assessment.

INSTRUCTIONS FOR UNIT LEADERS:

- You should **NOT** attempt to complete this form unless you have read the associated 'staff procedure'.
- o Please complete section 5.0 and return the form to the student within 5 days of receipt.

Section I.0 - Student Details

Name	ID Number
Address	
Phone(s)	
Email	

Section 2.0 - Program Details

Qualification / Accredited Course	<pre><insert accredited="" appeal="" course="" name="" of="" qualification="" relates="" this="" to="" which=""></insert></pre>
Unit(s) / Modules(s)	(List units of competencies I modules which this appeal relates to. If unsure, check with your Unit Leader>

Section 3.0 – Reason for Appeal

Reason for	<e.g. assessment="" because="" disagree="" my="" result="" with=""></e.g.>					
dissatisfaction with	Attach additional information if required>					
assessment process						
or outcome						

Version 1.2 (March 2010)



Section 4.0 – Signature Block

Student Signature	Date	
	Lodged	
Unit Leader	Date	
Signature	Received	

Section 5.0 - Outcome of Assessment Review

Section 5.0 - Outcome of Assessment Neview						
Result	<tick box="" relevant=""></tick>					
		Appeal Successful				
		Appeal Unsuccessful				
Evalenction of	<pre><pre><pre><pre>orovide brief ration</pre></pre></pre></pre>	nale for decision				
Explanation of Reasons for Decision		information if required>				
Reasons for Decision	/ teach additional	monnadon il required				
Unit Leader Name						
Unit Leader			Date			
Signature						

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