



Assessment Task Appeal Application Form

(To be submitted to deputy principal)

Section A (To be completed by the student)

Nature of Appeal (Please Circle)

Assessment task result

Illness/Misadventure decision

Malpractice decision

Other (please specify).....

Student Name.....

Year

Course

Faculty

Class Teacher.....

Head Teacher.....

Assessment Task Name

Task No.....

Date Issued.....

Due Date.....

Weighting..... %

Nature of Task: (please circle)

Assignment

Examination

Field Work

Listening Task

Major Work

Performance

Portfolio

Practical Task

Research Activity

Speaking Task

Viewing Task

Written Task

Other (please specify).....

Section B (To be completed by the student)

Reason for the application for an appeal

(Attach an extended statement or documentation as necessary. Eg: A medical certificate):

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Student Signature.....

Date.....

Parent Signature.....

Date.....

Section C (OFFICIAL USE ONLY: To be completed by the review panel convenor)

Review Panel Convenor

Resolution Decision: ACCEPTED / REJECTED

Comments

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Review Panel Convenor signature.....

Date

(Copy to: student, parent, faculty head teacher, deputy, principal and student file)