



Appeal Form

Student Name: _____

School: _____

Course Coordinator: _____

Subject: _____

Due Date: _____ Task Description: _____

Reason for appeal:

- Illness
- Misadventure
- Process
- Extension
- Other _____

Were special provisions provided for this assessment task? YES NO

Details for appeal:

Student Statement: How did this misadventure affect your performance?

What is the desired outcome by student?

Student Signature: _____ Date: _____

Parent / Caregiver Signature: _____ Date: _____

- Medical Certificate or supporting documentation is attached
- Submission is within timeframes outlined in the assessment guidelines

A VC is held to determine the outcomes of the appeal by the Assessment Panel

Principals: _____

Appeal Outcome: Upheld Dismissed

Recommendation:

- Zero marks to be awarded for completed task
- Marks to count
- Rank to count
- Estimate to be given
- Alternative task to be set
- Ranking to be maintained
- Task to be completed, ranking maintained
- Other _____

Comment:

HTA Signature: _____ Date: _____

- copy to Principal, Head Teacher, CC and CoT and ISAC
- copy filed in student file