

## **Assessment Appeal Application** Student Name: Year: 7 8 9 10 Prelim, HSC Teacher: \_\_\_\_\_\_ Course Name: \_\_\_\_\_ PART A - to be lodged with Head Teacher within 5 days of receiving result of Illness/ Misadventure application or task result or report Nature of Appeal Illness/Misadventure Assessment Task Report Reason/s for appeal: \_\_\_\_\_ (Please attach separate sheet if required) Head Teacher review: Head Teacher:\_\_\_\_\_(Signature)\_\_\_\_\_(Date)\_\_\_\_ Student acknowledgement of Head Teacher decision Accept decision OR forward to Appeals Committee

PART B – Referral of Appeal to Assessment Appeals Committee
Referral to the Assessment Appeals Committee should occur within 2 school days of receiving Head Teacher
Appeal decision. (Part A must be included together with all relevant material)

Name: (Signature) (Date)

Parent: (Signature) (Date)

THE FORM CONTINUES ONTO THE NEXT PAGE



Reason/s for referral to Appeals Committee	
	For Appeals Committee use only
Committee composition:	
Chairperson:	Head Teacher:
Year Advisor:	Additional HT (if appropriate):
Committee decision:	Appeal upheld OR Dismissed
Reasons:	
Signatures of committee:	
Outcome of Appeal communicate	ed in writing to student on (date):