

ASSESSMENT APPEAL FORM



Please complete this form if you wish to formally appeal against the result of your assessment.

				OFFICE USE ONLY	
				CASE #	
Student's Name				Student Number	
Qualification (code and title)					
Phone		Fax		Mobile	
Email					
Trainer's Name					
Assessor's Name (if different)					
List all units the assessment covered (Attach additional list if necessary)					
Unit Code(s)	Unit Title(s)			Assessment Date	
Assessment details	<input type="checkbox"/> One assessment		<input type="checkbox"/> Final assessment		
Assessment decision	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory		<input type="checkbox"/> Competent <input type="checkbox"/> Not yet competent		
Reasons for appeal	Detail your grounds for the appeal (eg describe the alleged fault in the process, or other reasons, briefly but as clearly as possible). Attach additional page(s) if necessary.				
Student's Signature				Date	

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Received by (print name)		Sign		Date	
Assessed by Director of Studies	Sign	Justified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Reasons for rejecting appeal					
Reasons for approving appeal					
Reviewed by	Name		Sign		
	Name		Sign		
Review decision	<input type="checkbox"/> Appeal upheld <input type="checkbox"/> Appeal rejected		Date		
Reasons					
Discussed with the student on	Signature of Director of Studies				
	<input type="text" value="___ / ___ / ___"/> Print Date	Signature of Student			
Student advised in writing	Signature of Director of Studies		By <input type="checkbox"/> Letter <input type="checkbox"/> Email	Date ___ / ___ / ___	
Continuous improvement required	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Opportunity for Improvement Form completed	Signature			Date	
Placed on student's file with a copy of the letter or email to the student and related documentation, including any review report					
Sign			Date		