



## ASSESSMENT APPEAL FORM

After an assessment item has been returned to the class, you have 48 hours to complete this form and give it to your teacher. Attach the original task and criteria sheet to this form.

Name: \_\_\_\_\_ TG: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_

Assessment Task: \_\_\_\_\_

Reason for Review: Outline your reasons for requesting a marking review

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Student's Signature: \_\_\_\_\_ Time/Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Time/Date: \_\_\_\_\_

The teacher is to forward this to the Studies Co-Ordinator.

**Studies Co-ordinator Use:**

**Note the decisions re: *decision to remark, marker allocation, appeal upheld or denied, how feedback is given to class teacher and student, and re-recording of changed mark.***

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Studies Co-ordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_