

ASSESSMENT APPEAL FORM

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

Student's Name			Student Number	
Qualification (code and title)				
Phone		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	-- / -- / ----

OFFICE USE ONLY					
Received by (print name)			Signature		Date ____ / ____ / ____
Assessed by Coordinator	Signature		Justified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date ____ / ____ / ____
Reasons for rejecting appeal					
Reasons for approving appeal					
Reviewed by	Name			Signature	
	Name			Signature	
Review decision	<input type="checkbox"/> Appeal upheld <input type="checkbox"/> Appeal rejected			Date	____ / ____ / ____
Reasons					
Discussed with the student on	Signature of Coordinator			Date	____ / ____ / ____
	Signature of Student				
Student advised in writing	Signature of Coordinator			By <input type="checkbox"/> Letter <input type="checkbox"/> Email	Date ____ / ____ / ____
Complaints and Appeals Form required		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Continuous improvement required		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Opportunity for Improvement Form completed		Signature			Date ____ / ____ / ____