



## Appeals Form for Assessment Grade Judgments

**Instructions:** Complete this form down to the dotted line and hand it to the Dean concerned within one week of the assessment task being reviewed in class.

Name:..... Form:.....

Subject :..... Level of Study :.....

Internal Achievement Standard Reference No. .... Version: .....

Date on which the Assessment being appealed was due/sat: .... /..... /.....

Grade awarded and being appealed (tick correct one)

Not achieved       Achieved       Merit       Excellence

Reason for appeal

Evidence to support appeal

Supported by:

Parent's Signature: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Student's signature: \_\_\_\_\_

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Decision: GRADE AWARDED:  Not achieved     Achieved     Merit     Excellence

Signature Deputy Principal Assessment: \_\_\_\_\_

DATE: