



Application to Appeal an Assessment Result

This form is to be completed by a student appealing against an internal (school) assessment result.

If, following the explanation about the decision reached, the student still does not agree with the judgment, she should complete this Application for an Appeal sheet within **THREE school** days of receiving the decision.

Student name: _____ Tutor group: _____

Standard Number: _____ Title of Assessment: _____

Date of return of assessment: _____

Name of subject teacher who carried out the assessment: _____

Head of the subject (if different from above): _____

Reason for the Appeal

It is suggested that you look at the assessment criteria for the task, and explain how your work meets the criteria of a higher grade. You may write on the back of this form if necessary.

Signature of student: _____ Date: _____

Appeal process¹

The assessed work is submitted, together with the appeal application to the Assistant Principal-Curriculum. A review panel considers the appeal in accordance with school policy. A decision is reached which shall be final. This will be conveyed to the student and the result entered in the student's records.

Date application received: _____

Decision (appeal allowed or disallowed with explanation):

Signed: _____ Date: _____

(Assistant Principal - Curriculum / Head of Subject)

¹ See also: *Appeal Procedure* on the Hub