

Assessment Appeal Form	
Given Name:	Surname:
Address :	
Student Number:	
Course Name:	Course Number:
Email:	Mobile:

Please identify in the table below the units of competency that are the subject of your appeal				
Unit Code	Assignment Number	Unit Title	Grade	Date assessed
Grounds for Appeal: <i>Please attach additional sheet if required</i>				

Important Information

An assessment appeal must be received within 10 days of learning the result of the assessment. Please ensure that you provide a detailed reason for your assessment appeal. You must provide the graded assessment and the assessor feedback with this completed form. All appeals must be marked to the attention of the Registrar's Office. The Registrar will organise a review of the assessment and provide a written statement of outcome within 21 days.

Declaration

I declare that the information I have provided is correct and complete.

Signature _____

Date _____

OFFICE USE ONLY				
Date received		Received by		
Date reviewed		Decision	REJECTED	UPHELD NEW GRADE:
EXPLANATION				