

Assessment Appeal Application Form

Section A *(To be completed by the student)*

Nature of Appeal: *(please circle)*

Assessment Task Result	Illness/Misadventure decision	Malpractice decision
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Student Name: Year:

Course: Faculty:

Class Teacher: Head Teacher:

Assessment Task Name:

Task No: Date Issued: Due Date: Weighting:

Nature of Task: *(please circle)*

Assignment	Examination	Field Work	Listening Task	Major Work
Performance	Portfolio	Practical Task	Research Activity	Speaking Task
Viewing Task	Written Task	Other <i>(please specify)</i> :		

Section B *(To be completed by the student)*

Reason/s for this application for extension (attach extended statement or documentation as necessary):

Student signature: Date:

Parent/caregiver signature: Date:

Section C *(OFFICIAL USE ONLY: To be completed by relevant Head Teacher)*

Reviewer Name: Position:

Resolution decision: Accepted / Rejected

Comment:

Reviewer signature: Date:

Original to student file; copy to: Parent, Student, relevant Head Teacher / Class Teacher / Deputy Principal / Principal as required