

Appeal Application Form



Fill in the top section and hand into your SSL within 3 days of getting your assessment back.

Name:	Tutor:
Date of application:	
Subject:	
Name of teacher:	
Standard number and title:	
Grade awarded/Ruling:	
Date assessment returned to student:	
Reason for appeal: <ul style="list-style-type: none"><input type="checkbox"/> I have discussed my grade/the ruling with my subject teacher in the first instance.<input type="checkbox"/> I would like the SSL/Deputy Principal of Curriculum to reconsider my grade/the ruling. My reasons for this request are: <i>(please explain, using the back of this sheet if needed)</i>	

SSL's Decision:

- The grade awarded by the teacher/ruling on the breach of the rules stands.
- The grade awarded/ruling has been changed to _____

_____.

The reason for this decision has been explained to me and I accept the decision.

Signed: _____ **(student)**

Signed: _____ (SSL) Date: _____

PN's Decision:

Signed: _____ (PN) Date: _____