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:
- ❑ I have discussed my grade/the ruling with my subject teacher in the first instance.
- ❑ I would like the SSL/Deputy Principal of Curriculum to reconsider my grade/the ruling. My reasons for this request are: *(please explain, using the back of this sheet if needed)*

SSLs 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:_____

Deputy Principal of Curriculum decision/comment:

Signed:_____ Date:_____