

## Assessment Appeal

Student to complete Sections A and B. Hand this form and your work being appealed to your subject teacher.

### Section A

Name: _____
Subject: _____ Level: _____ Internal Achievement Standard No: _____
Date Assessment being appealed was due / sat: _____
Level of Achievement awarded being appealed: _____

### Section B

Reason(s) for Appeal:
Student signature: _____ Date: _____
Parent/guardian signature: _____ Date: _____

**Section C: School Use  
HoD Decision:**

<p><b>Appeal Upheld</b></p> <p>Action: _____</p> <p>_____</p>	<p><b>Appeal Denied</b></p> <p>Level of Achievement to Remain at: _____</p> <p>_____</p>
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HOD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Student please sign if you accept the HoD Decision. If not please hand the form to Mrs Harrod , DP)

**Section D: School Use  
DP Mrs Harrod Decision:**

<p><b>Appeal Upheld</b></p> <p>Action: _____</p>	<p><b>Appeal Denied</b></p> <p>Level of Achievement to Remain at: _____</p>
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Mrs Harrod Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Database Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to HoD