



ASSESSMENT APPEAL 2018

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

Section A

Name: _____	Atawhai group: _____
Subject: _____	Level: _____ Internal AS 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	
Appeal upheld	Appeal denied
Action: _____ _____	Level of achievement to remain at: _____
HOD signature: _____ Date: _____	
Student signature: _____ Date: _____ <small>(student please sign if you accept the HOD decision. If not please hand the form to Mrs Harrod, DP)</small>	

Section D

School use

Mrs Harrod, DP Decision	
Appeal upheld	Appeal denied
Action: _____ _____	Level of achievement to remain at: _____
Mrs Harrod signature: _____ Date: _____	
Student signature: _____ Date: _____	
Database Manager: _____ Date: _____	

Copy to HOD