

NAME \_\_\_\_\_

GRADE:      **Not Achieved**      **Achieved**      **Merit**      **Excellence**

ACCEPT: Sign here if you accept this grade \_\_\_\_\_ Date \_\_\_\_\_

**APPEAL:** If you do not accept this grade due to reasons such as . . .

- You think the assessment process was flawed in some way.
- Your grade does not reflect the quality of your work
- A question has been marked incorrectly,

. . . you may appeal.

1. Talk to your teacher. S/he may be able to correct the situation immediately.
2. If the situation is not resolved fill in an appeal form and give this to Ms Vujcich within three days.
3. If you disagree with the decision Ms Vujcich makes you may take your appeal to Mr Rogers. This must be done within three days of receiving your decision from Ms Vujcich.

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