

ASSESSMENT APPEAL

To be given to Ms Vujcich within five days of receiving the result of an assessment

Name: _____ Year: _____

Subject: _____ Teacher: _____

Assessment name or number: _____

Reason for appeal: _____

Signed: _____ Date: _____
Student

- APPEAL UPHELD**
- APPEAL REJECTED**

Reasons for the decision: _____

Signed: _____ Date: _____
Subject Teacher

Signed: _____ Date: _____
Head of Secondary

A further appeal is possible to the student if they are unable to accept the above decision. They must appeal to Mr Rogers within three days of receiving the above decision.