



# Appeals Application Form

Student to complete **Section A** and hand into Faculty Head/or Head of Department within five school days of receiving an assessment back. A completed copy of this form will be returned to the student and a copy held on file.

## Section A – Student to complete

Name:	Form Class:
Date of Application:	Subject:
Name of Teacher:	
Standard Number:	Title:
Grade Awarded:	Date assessment returned to student: .....
<b>Reason for Appeal</b> <input type="checkbox"/> I have discussed my grade with my subject teacher in the first instance. <input type="checkbox"/> I would like the Faculty Head/or Head of Department to reconsider my grade. My reasons for this request are: <i>(Please explain, using an extra sheet if needed)</i> ..... ..... .....	

## Section B – School Use Only

<b>Faculty Head/or Head of Department Decision</b>	
<input type="checkbox"/> The grade awarded by the teacher stands. <input type="checkbox"/> The grade awarded has been changed to (.....)	
Marker's Comment: ..... ..... ..... .....	
.....(Signed) <b>Faculty Head/or Head of Department</b>	Date: ...../ ...../ .....

<b>Deputy Principal – Mr Jackson (PN) - Decision:</b>	
.....	
..... (Signed) <b>Deputy Principal</b>	Date: ...../ ...../ .....
.....(Signed) <b>Student</b>	Date: ...../ ...../ .....