



## ASSESSMENT TASK APPEAL FORM

### FORM D – APPLICATION FOR REVIEW

Used to request a review of a decision when an application for exceptional circumstances or illness/misadventure has been rejected, a student has been found to have engaged in assessment malpractice, a student has received a zero assessment notification, or a student has not been able to resolve a perceived irregularity in marking with the head teacher. Must be completed and received by the Deputy Principal **within 2 days** of original decision.

#### **Part A** (to be completed by the student)

Student Name: ..... Year: ..... Faculty: .....

Course: ..... Teacher: ..... Date of appeal: .....

Nature of appeal:

- Assessment Task Result
  Illness/Misadventure decision
  Malpractice decision

Task Name	Task No.	Date issued	Date due	Weighting

Nature of task: (please circle)

- Assessment      Examination      Listening Task      Major Work      Performance  
 Portfolio      Practical Task      Speaking Task      Viewing Task      Other: .....

#### **Part B** (to be completed by the student)

Reason/s for this application:

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.....

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Student signature: ..... Parent/caregiver signature: .....

- I have attached all relevant supporting documentation, including the original task/exam and feedback, and/or illness/misadventure appeal form**

Head Teacher verification: .....(signature) Date of previous appeal resolution for irregularity in marking: .....

#### **Part C** (OFFICIAL USE ONLY: to be completed by the relevant staff member/s)

Panel members and positions:

Application outcome:	
Accepted / Declined	

Comments:

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Reviewer Signature: ..... Date: .....