

## ASSESSMENT APPEALS FORM

Please complete this form if you wish to formally appeal against the result of your assessment.

Student Information		
Student ID:		USI Number:
Title (Mr., Mrs., Ms., etc):		
Last Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name:		Telephone Number:
Date of Birth(DD/MM/YY): ____/____/____		Mobile Number:
Trainers Name:		
Course Code and Title:		
List the units that you want to appeal for		
Unit Code	Unit Title	Assessment date
1.		
2.		
3.		
4.		
Result Expected:		
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent		
<b>Reason/s for appeal:</b> <i>Detail your ground for the appeal below (e.g. describe the alleged fault in the process, or other reasons, briefly, and clearly). Attach additional pages if necessary.</i>		

Student Signature: .....Date: (DD/MM/YY)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Outcome of the Assessment Review

Result:

Appeal Successful

Appeal Unsuccessful

Explanation of reason for decision: *Provide brief rationale for decision below, attach additional information if required.*

Reviewer's Name:

Academic Manager's Signature:.....Date:(DD/MM/YY)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_