

Assessment Task Appeals Form

Appeal against a task result

This form must be submitted to the Campus Supervisor of the course by email, within 7 days of notification of the result.

Section1: To be completed by student and Campus Supervisor		
Student name: _____	Year: _____	
Course: _____	Task no.: _____	Submission date: _____
Explain the reason for this application		
Supporting documentation must be attached (please tick) <input type="checkbox"/> Doctor's certificate <input type="checkbox"/> Other		
Supervisor name: _____	Date: _____	

Section2: To be completed by Campus Supervisor	
<input type="checkbox"/> Extension of time without penalty	Revised submission date: _____
<input type="checkbox"/> Substitute task	Revised submission date: _____
<input type="checkbox"/> Zero mark awarded. Task to be completed for demonstration of outcomes	Revised submission date: _____
Explanation	
Supervisor name: _____	Date: _____
Right of appeal to Assessment Review Panel: A student has the right to appeal this decision, within 7 days of its notification. To appeal, the student must submit this form PLUS a written response stating the grounds for appeal, to the Assessment Review Panel through the Principal. The decision of the panel is final.	

Section 3: To be completed by Assessment Review Panel	
Assessment Review Panel decision	
<input type="checkbox"/> Appeal upheld	Revised submission date: _____
<input type="checkbox"/> Estimate given based on evidence <input type="checkbox"/> Alternate task to be provided (The estimate will not be finalised until the end of the course based on performance across the course)	
<input type="checkbox"/> Appeal denied ZERO mark awarded. Task to be completed for demonstration of outcomes	
<input type="checkbox"/> Other	
Explanation	
Signed _____	Date: _____