ASSESSMENT APPEAL FORM

COMPETENCY CODE AND NAME:  

FACILITATOR:  

NAME OF STUDENT:  

PLEASE GIVE A SUMMARY OF THE ISSUE THAT YOU ARE APPEALING (eg. Assessment methods were unfair or inaccurate or discriminatory):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PLEASE GIVE A SUMMARY OF WHY YOU BELIEVE THERE ARE GROUNDS FOR APPEAL:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Signature of Student)  (Date)