

Malpractice Appeal Form

Please submit this appeal form (within 2 school days of HT decision) to the Deputy Principal

Step One: Appeal to Deputy Principal

Student Name: _____ Course: _____

Task Name: _____ Date: _____

Teacher: _____

Reason/s for Appeal: (Evidence provided to demonstrate student's own work. Please attach additional evidence to this form as required)

For Office Use Only:

Deputy Principal Decision

No change to HT decision: Reason/s: _____

Change to decision: Reason/s and decision outcome: Malpractice Register updated

HT Informed

Student/Supervisor informed

Signed: _____ (Deputy Principal) Date: _____ (Deputy Principal)

