

Task/Result Appeal Form

Please submit within 2 school days of task being returned to you

Student Name: _____ Course: _____

Date: _____ Teacher: _____

Task Name: _____

Step One – Course Teacher contacted: YES/NO Date of Contact: _____

Step Two – Appeal to Head Teacher

Reasons for appeal of mark (clear reference to task administration breakdown/marketing guidelines/course outcomes/feedback to be made here):

For Office Use Only:

Head Teacher Decision

No change to mark. Reasons: _____

Change to mark. Reasons: _____

New Mark: _____ Updated result recorded

Student/Supervisor informed Teacher informed

Head Teacher Signature: _____ Date: _____

Step Three – Appeal Deputy Principal: Attach any new or additional information.

Reasons for appeal of Head Teacher decision: _____

For Office Use Only:

Deputy Principal Decision

No change to mark. Reasons: _____

Change to mark. Reasons: _____

New Mark: _____ Updated result recorded

Student/Supervisor informed Head Teacher informed

Deputy Principal Signature: _____ Date: _____

Step Four - Appeal Principal: Attach any new or additional information.

Reasons for appeal of Deputy Principal decision: _____

For Office Use Only:

Principal Decision

No change to mark. Reasons: _____

Change to mark. Reasons: _____

New Mark: _____ Updated result recorded

Student/Supervisor informed Head Teacher informed Deputy Principal informed

Principal Signature: _____ Date: _____