STUDENT APPEAL FORM

Category (please tick one)  
☐ Appeal due to illness, accident or misadventure  
☐ Appeal in relation to the final assessment and/or course rank

Student’s Name: ______________________________________________________________

Course: ____________________________________________________ Task Number: ________

Nature of Assessment Task: __________________________________________________________________________________________

Due Date: ____/____/_____  Class Teacher Name: ______________________________

Reason for Appeal: (state details to support your case (or attach statement)

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Medical Certificate is attached:  Yes ☐ No ☐

Additional information attached:  Yes ☐ No ☐

____________________  __/____/____  ______________________  __/____/____
Signature of student  Date  Signature of Teacher  Date

Head Teacher Recommendation:  
• Complete a substitute task  __________________________________________________________
• Estimate to be given  ________________________________________________________________
• No marks to be awarded  _____________________________________________________________
• Sit or submit the task without penalty  __________________________________________________
• Task to be submitted with penalty  _____________________________________________________

New Due Date: ____/____/____

____________________  __/____/____  ______________________  __/____/____
Signature of Head Teacher  Date  Signature of Principal  Date

Reason for decision:  

Copies of this form are available from Head Teachers and the Administration Office