

GLENDOWIE COLLEGE ASSESSMENT GRADE APPEAL FORM

Before an appeal, students should ask their teacher for detailed feedback about the reasons for the assessment decision. If the assessing was done by another teacher in the department, that teacher must be consulted.

This Appeal Form must be completed and returned within 3 school days of the return of the assessment grade to the student.

Name of Student Standard Number Level Credits Standard Title Reasons for appeal Student signature: Date: Date:							-
Reasons for appeal Student signature: Date: Appeal Granted YES NO Date Signature Date Subject Teacher Faculty Leader Student fish student may appeal to the Deputy Principal (Curriculum) whose decision will be final (below). Further Appeal Granted Reason R	Name of Student				Form	Subject Code	Subject Teacher Code
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Faculty Leader	□ NO						
		Signa	ature				Date
Deputy Principal Deputy Principal	Faculty Leader						
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Copy to Student
□ Copy to PN