



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	Form	Subject Code	Subject Teacher Code

Standard Number	Level	Credits	Standard Title	Grade Received

Reasons for appeal	
Student signature:	Date:

Appeal Granted <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason	
	Signature	Date
Subject Teacher		
Faculty Leader		
Student*		

* If the student disagrees with the decision, the student may appeal to the Deputy Principal (Curriculum) whose decision will be final (below).

Further Appeal Granted <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason	
	Signature	Date
Faculty Leader		
Deputy Principal		

- ☐ Copy to Assessment Folder
 - ☐ Copy to Student
 - ☐ Copy to PN