

Marsden Application for Appeal of Grade

Student Name: _____ Subject teacher: _____

Subject: _____ Achievement Standard number and title: _____

Before you submit this form you must have first discussed your result with your teacher to gain a clear understanding of the assessment process and why you have been given this grade.

I have discussed my result with my teacher (tick box)

I am making my appeal on the following grounds (tick the appropriate box or boxes):

- Instructions related to the assessment were not clear
- I was given insufficient time to complete the assessment
- Assessment was not administered in a fair and consistent manner
- Assessment schedule did not reflect the requirements for achievement, merit or excellence
- The assessors' decisions were not fair

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Here is a detailed explanation of the issues I wish to raise:

Student signature: _____ Date: _____

Please return this form to the Deputy Principal

The following sections will be completed by the Deputy Principal

Teacher(s) / HOD involved: _____

Additional notes from review process with teacher(s) / HOD (if appropriate)

The final result of this appeal is:

Deputy Principal: _____ Date: _____