

Before completing this form please read the Assessment Appeal Procedure document available on the College web site. If you wish to lodge an appeal please complete the form and submit it to your Course Coordinator.

ASSESSMENT APPEAL FORM	
Given Name:	Surname:
Student ID:	
Course Name:	Intake:
Email:	Mobile:
Please identify in the table below the subject of your appeal:	
Assessment Task	Grade
1.	
2.	
3.	
4.	
5.	
Reason for the Appeal (please attach additional information and/or evidence to substantiate your appeal)	

I declare that the information I have provided is correct and complete.

Student Signature _____ Date _____

OFFICE USE ONLY:

Received by:

Date received: