



Whitby Collegiate Application for Appeal of Grade

Student Name: _____

Teacher: _____

Subject: _____

Assessment due date: _____

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 relevant box or boxes)

Instructions related to the assessment were not clear

Assessment was not administered in a fair and consistent manner

Assessment task was not based on the achievement standard

Assessment schedule did not reflect the requirements for achievement, merit or excellence

The assessors' decisions were not fair

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

Student signature: _____

Date: _____

Please return this form to the Academic Dean

The following sections will be completed by the Academic Dean

Teacher(s) involved: _____

Additional notes form the review process with teacher(s) (if appropriate)

The final result of this appeal is:

Academic Dean: _____

Date: _____

I accept the decision: _____ (Student Signature)

Date: _____