



# Assessments Results Appeal Form

Please print neatly in BLOCK LETTERS using BLACK INK.

Please complete this form if you wish to formally appeal against the result of your assessment.

## INFORMATION - STUDENT

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Course Title \_\_\_\_\_

Contact Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Lecturer's Name \_\_\_\_\_

List the name of unit that you want to appeal for \_\_\_\_\_

Unit Title	Assesment Type	Assessment Date

Assessment Decision:     Satisfactory     Not Satisfactory     Competent     Not Yet Competent

Reasons for appeal: Detail your ground for the appeal below (e.g describe the alleged fault in the process, or other reasons, briefly and clearly). Attach additional ages if necessary.

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date