



### ASSESSMENT APPEALS FORM

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

Student Information		
Student ID:		USI Number:
Title (Mr., Mrs., Ms., etc):		
Last Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Given Name:		Telephone Number:
Date of Birth(DD/MM/YY):___/___/___		Mobile Number:
Trainers Name:		
Course Code and Title:		
List the units that you want to appeal for		
Unit Code	Unit Title	Assessment date
1.		
2.		
3.		
4.		
Result Expected:		
Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/> Competent <input type="checkbox"/> Not Yet Competent <input type="checkbox"/>		
Reason/s for appeal: <i>Detail your ground for the appeal below (e.g. describe the alleged fault in the process, or other reasons, briefly, and clearly). Attach additional pages if necessary.</i>		

Student Signature: ..... Date: (DD/MM/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY:**

**Outcome of the Assessment Review**

Result:       Appeal Successful       Appeal Unsuccessful

Explanation of reason for decision: *Provide brief rationale for decision below, attach additional information if required.*

Reviewer's Name:

Academic Managers Signature: ..... Date: (DD/MM/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_