



Application to appeal internal assessment decision.

To be completed by the Applicant and given to the HOD within 5 school days of the event or getting your assessed work back.

Surname: _____

First name(s): _____

House Class: _____

Standard number: _____

Standard name and number: _____

Subject: _____

Name of teacher: _____

Date assessment returned to student: _____

Grade awarded: _____

Reason for appeal (tick appropriate boxes):

I have discussed my grade with my subject teacher/marker in the first instance.

I would like the HOD to reconsider my grade/the decision made. My reasons for this request are: (please explain below, or using an extra sheet if needed) _____

The matter relates to a breach of the rules/missed assessment/late assessment Reasons/explanation of why reconsideration has been requested: _____

Student signature: _____

Date: _____

HOD Decision

The grade awarded/decision made by the teacher stands

The grade awarded has been changed to _____

HOD Signature: _____

Date: _____

Student signature: _____

Date: _____

Once completed and signed by HOD and student, the student will receive a copy of this document and the HOD will store it in the department files with internal moderation for that standard.

Any further problem, refer this matter along with all documentation to DP, Head of Curriculum.