## **ASSESSMENT APPEAL FORM**

Please completed page 1 of this form and then email to Connect 'n' Grow®: admin@connectngrow.edu.au

## Assessment Appeal Time Frame

This appeal must be lodged within 14 calendar days of the date the mark for assessment task was notified to the student or the final result was published. If for any reason you are unable to discuss this appeal with the assessor, you should make an appointment to Connect 'n' Grow®.

Applicant/ Learners Personal Details				
Family Name:		Given Name:		
Email address:				
Phone:		Date of Birth		
School:		Trainer:		
Course Code/Title:				
Module:				
Disputed Assessment:				
Reason for / Details of Appeal:				

Checklist		
Have you:	YES	NO
Already discussed the matter with your trainer/assessor?		
Completed all the requirements for the unit/assessment under dispute?		

Basis for appeal (Please tick)					
Result was not based on advised assessment criteria  Assessment method variant to unit outline Unfair grade based on stated criteria and quality of work submitted Work handed in on time but was not marked Other reason (please specify) below:					
Details of App	oeal:				
Signature:		Date:			
OFFICE USE ONLY					
Date of lodge	ment:	Received by:			
Signature:					
Actions taken	n:				
Outcome of Appeal (Resolution):					
RESULT					
☐ I am satisfied with the results of this process. ☐ I am not satisfied with the results of this process and wish this matter to be heard by an independent person.					
Student:					
Signature:					
Date:					
Feedback:					