

Student Assessment Appeal Form

Please complete the top section, attach a letter or other relevant information.

Email to the Assessment and Qualifications Lead, Principal's Nominee

(bernice.singh@tekura.school.nz)

Name	
Student number	
Course	
Course teacher name	
Standard number	
Standard title	
Type of assessment (practical, assignment, test etc)	
Date of assessment	
Tick to indicate the assessment decision you are appealing	<input type="checkbox"/> Grade <input type="checkbox"/> Assessment conditions <input type="checkbox"/> Further assessment <input type="checkbox"/> Breach of rules (misconduct, cheating, plagiarism etc) <input type="checkbox"/> Other (please state) _____
Why you think there is a case for appeal?	
What do you think should happen? (please state or attach any evidence to support this)	
Signed	
Date	

Office use only	
Outcome of appeal	
Communicated to student	By: _____ Date: _____
Communicated to other parties	(please name)