Appeal Form Against Assessment Task Zero

Name: ________________________________ Roll Class: ________
Subject: _______________________________
Task: ___________________________________________
Due Date: ________________ Task Weighting: __________

Part A – Basis for Appeal

Please circle a number 1-5 that corresponds to the reason you believe an appeal is warranted.

1. That weightings in the assessment guide do not comply with BOS requirements.
2. That procedures used to obtain the grade or rank order do not comply with the assessment procedures
3. That computational or other clerical errors have been made in determining the mark.
4. That illness or misadventure has contributed to the award of a zero mark.
5. That marks or grades do not comply with published marking guidelines.

Part B – Details you wish the Appeals Committee to consider:

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Please attach supporting documentary evidence if warranted.

Parent Signature: ______________________________
Student Signature: _____________________________ Date: ____________________________