## Student Appeals against assessment judgments

This form is to be used ***after you have spoken to your teacher*** and have not had resolution of a problem concerning grading.

Name: _____

Teacher concerned: _____

Subject: _____ Standard: _____

Date work was returned: _____ Grade Awarded: _____

Reason for Appeal (Please be as specific as possible)

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Signed: _____ Date: _____

**Deputy Principal to complete:**

Result of appeal: Grade altered Grade unaltered

Reasons

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Signed: _____ Date: _____