

# Appeal Application Form

Fill in the top section and hand in to the office or to your teacher/HOD within one week of getting your assessment back.

Name:	Tutor Group:
Date of application:	
Subject:	
Name of teacher:	
Standard number and title:	
Grade awarded:	
Date assessment returned to student:	
<b>Reason for appeal:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> I have discussed my grade with my subject teacher in the first instance.</li><li><input type="checkbox"/> I would like the HOD/Principal's Nominee to reconsider my grade/the decision made. My reasons for this request are: <i>(please explain, using an extra sheet if needed)</i></li></ul>	

## HOD's Decision:

- The grade awarded/decision made by the teacher stands.
- The grade awarded has been changed to \_\_\_\_\_.

*The reason for this decision has been explained to me and I accept the decision.*

*Signed: \_\_\_\_\_ (student)*

Signed: \_\_\_\_\_ (HOD) Date: \_\_\_\_\_

## Principal's Nominee's Decision/Comment:

Signed: \_\_\_\_\_ (PN) Date: \_\_\_\_\_