

Assessment Appeal Request

Purpose: This form is to be used by students wishing to appeal a decision relating to an assessment result. Where exceptional circumstances have impacted results; students should refer to the process for reconsideration of results according to impaired performance or aegrotat criteria.

Instructions:

- In the first instance where a student is dissatisfied with the result of an assessment, they should clarify the result and feedback immediately with their assessor.
- Where the issue remains unresolved, the student should complete this form to make their formal academic appeal in writing, submitting the appeal with a copy of all assessment evidence to their Head of Faculty within seven (7) days of receipt of the original assessment decision.
- This document must be scanned and filed in the both the campus assessment appeals file and students CRM file.
- The moderation report and appeal evidence must be scanned, attached and filed in the campus assessment appeals file.

1 Appeal Details

Student to complete this section

Student name:

Student ID:

Assessor name:

Date of assessment:/...../.....

Assessment title/number:

Reason for appeal:

.....
.....
.....
.....

In signing below, I confirm I have already discussed the original result with my assessor and that the issue remains unresolved. Based on my reasons stated above and the attached assessment evidence, I formally request to appeal the assessment result.

Student signature:

Date:/...../.....

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2 Investigation

Head of Faculty to complete this section

Name:

Date appeal received:/...../.....

Programme:

Campus:

Assessor contacted: Yes No

Action taken:

.....

.....

.....

.....

Findings: Result unchanged
 Result amended to RoL amended .../...../.....

Pre-moderation report Attached

Assessor PD required: Yes No

3 Outcome of Appeal *both parties to complete this section where indicated*

Head of Faculty

Outcome of appeal: Resolved Unresolved*

HoF Signature:

Date:/...../.....

Student

I accept and agree with result above Yes No*

Student signature:

Date:/...../.....

* Where the appeal remains unresolved, the student can register a final appeal with campus management. Refer to next page.

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4 Final Appeal & Investigation

Campus Manager to complete this section

Name:

Date appeal received:/...../.....

Campus:

Quality team contacted: Yes No

Action taken:
.....
.....
.....

Findings Result unchanged
 Result amended to RoL amended .../...../.....

Pre-moderation report Attached

Assessor PD required Yes No

5 Outcome of Final Appeal *both parties to complete this section where indicated*

Manager

Outcome: Resolved Unresolved*

Manager signature:

Date:/...../.....

Student

I accept and agree with final result and outcome above Yes No*

Student signature:

Date:/...../.....

** Where the appeal remains unresolved, student must be advised they can seek resolution through the complaints process (See Complaints and Grievances Policy).*