

# Appeals Application Form

Fill in the top section and hand in to Student Services or to your teacher/HOF within 24 hours of getting your assessment back.

Name:	Rōpū Class:
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 HOF/Deputy Principal (TRS) to reconsider my grade. My reasons for this request are: <i>(please explain, using an extra sheet if needed)</i></li></ul>	

<b>HOFs Decision:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> The grade awarded by the teacher stands.</li><li><input type="checkbox"/> The grade awarded has been changed to _____.</li></ul> <p><i>The reason for this decision has been explained to me and I accept the decision.</i></p> <p><b>Signed:</b> _____ <i>(student)</i></p>
Signed: _____ <i>(HOF)</i> Date: _____

<b>Deputy Principals' Decision/Comment:</b>
Signed: _____ <i>(PN)</i> Date: _____