## ASSESSMENT APPEAL FORM

Please completed page 1 of this form and then email to Connect 'n' Grow®: admin@connectngrow.edu.au

## Assessment Appeal Time Frame

This appeal must be lodged within 14 calendar days of the date the mark for assessment task was notified to the student or the final result was published. If for any reason you are unable to discuss this appeal with the assessor, you should make an appointment to Connect 'n' Grow®.

Applicant/ Learners Personal Details						
Family Name:		Given Name:				
Email address:						
Phone:		Date of Birth				
School:		Trainer:				
Course Code/Title:						
Module:						
Disputed Assessment:						
Reason for / Details of Appeal:						

Che cklis t		
Have you:	YES	NO
Already discussed the matter with your trainer/assessor?		
Completed all the requirements for the unit/assessment under dispute?		
Basis for appeal (Please		

□ Res	□ Result was not based on advised assessment criteria							
□ Ass	essment method varia	ant to unit outlir	ne					
	nfair grade based on stated criteria and quality of work submitted							
□ Work handed in on time but was not								
marked Other reason (please specify) below:								
Details of Appeal:								
Signature:				Date:				
		OFFICE	USE					
		ONI	_Y					
Date of lodgement	:		Received by:					
Signature:								
Actions taken:								
Outcome of Appeal (Resolution):								
		RESI	JLT					
□ I am	satisfied with the res	ults of this proc	ess.					
☐ I am not satisfied with the results of this process and wish this matter to be heard by								
an independent person.								
Student:								
Signature:								
Date:								
Feedback:								