

PLEASE PRINT CLEARLY USING BLACK INK

Form: SSC-110/03/06

Submit this form through any Student Central office within fifteen (15) working days of release of the result or the decision. Before completing this form please read the **Appeal Guidelines for Students** at: <http://wwwdev.ecu.edu.au/student/assessment/appeals/>

STUDENT NUMBER									
SURNAME/FAMILY NAME (Block Letters)					GIVEN NAME(S) (Block Letters)				
Telephone Number – Day					Mobile Number:				

I request a review of an assessment result in Unit:

Unit Code	Unit Title	Lecturer's Name	Grade/Mark

Nature of assessment against which appeal is being lodged (tick appropriate box/es)

Assignment <input type="checkbox"/>	Examination Result <input type="checkbox"/>	Final Grade <input type="checkbox"/>
I have consulted the relevant lecturer and discussed my result (tick appropriate box):		YES <input type="checkbox"/> NO <input type="checkbox"/>
Informal Result Query Form Attached		YES <input type="checkbox"/> NO <input type="checkbox"/>

GROUNDS FOR REVIEW

- The result was not determined by the assessment method specified in the relevant unit outline;
- Disadvantage through lack of feedback;
- Perceived bias affecting the assessment;
- Incorrect advice from staff teaching the unit;
- Lack of due process;
- Patent errors.

Statement in support of grounds as ticked above: (please attach any supporting documentation that you think may assist your case)

DO YOU NEED TO PROVISIONALLY RE-ENROL DUE TO SUSPENSION OR EXCLUSION? Yes No

Student Signature:

Date:

OFFICE USE ONLY	Verified By		Date	
	Appeal Tracking Number			
	Further supporting documentation attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Photocopy to student <input type="checkbox"/>	Original to Assessments <input type="checkbox"/>	Document scanned to faculty <input type="checkbox"/>	