

Academic Appeal Form

Student _____ Year _____ Advisor _____

Subject _____ Class Teacher _____

Type of Task (long-term assignment, in class task, speech, prac) _____

Date of notification _____ Date task was due _____

Type of proof attached (eg. Dr Certificate, Counsellor's report, Police report, None) _____

Have you successfully appealed other tasks in this subject? _____

Grounds for Appeal (Student to clearly explain why an appeal should be considered. Use the back of this sheet if needed.)

Student signature _____ Date _____

Teacher's Statement (Teacher to comment on any circumstances about this task that the DoTL should know. Please do not make a recommendation on what the outcome of the appeal should be unless it is to state a preferred date to sit the task).

Teacher's signature _____ Date _____

Director of Teaching and Learning's Decision

Director of Teaching and Learning's signature _____ Date _____

Distribution of completed form

Student

Advisor

Teacher

Date of distribution _____

HoD

Parent/Carer

D of TL File