

## Appeal of Assessment Task Grade: Years 11 & 12

This form must be submitted to the Learning Area Head of Department no later than three (3) school days after you have received your assessment result.

## Part A. To be completed by student

| Student Name                      |       |
|-----------------------------------|-------|
| Year Level                        |       |
| Subject code & class teacher      |       |
| Assessment Task                   |       |
| Assessment Result                 |       |
| Date Assessment Task was received |       |
| Reason/s for re-marking request   |       |
|                                   |       |
|                                   |       |
|                                   |       |
|                                   |       |
| Student Signature                 | Date: |
| Parent/Carer Signature            | Date: |

## Part B. To be completed by Learning Area Head of Department

| Approval Granted                    | YES / NO Note/s: |
|-------------------------------------|------------------|
|                                     |                  |
|                                     |                  |
| Subject Teacher's digital signature | Date:            |
|                                     |                  |
| Learning Area HoD digital signature | Date:            |

## An approved copy of this form must be attached to the appealed assessment task.

All dates & times based on local time and date:

- · Cairns, Queensland, Australia
- Australian Eastern Standard Time