



Appeal of Assessment Task Grade- Years 10, 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	<input type="checkbox"/> YES <input type="checkbox"/> 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 are based on local time and date: Cairns, Queensland, Australia (Australian Eastern Standard Time).