



MUIRFIELD HIGH SCHOOL

Barclay Road, North Rocks, New South Wales, 2151 Ph. 9872 2244

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Principal: Ms Jennifer Reeves – BA DipEd GradDip(Information Management)

ASSESSMENT APPEAL FORM

Used to request a review of a decision or to lodge a grievance. Must be submitted to the Head Teacher Senior Studies within two days of original decision in cases of review and five days in cases of grievance.

PART A (to be completed by the student)

Student Name: Year: Date of appeal:

Course:..... Teacher:

Nature of appeal:

- Illness/Misadventure decision
- Special Circumstances
- Malpractice decision
- Grievance

Task No	Task Name & Type	Nature of Task, eg hand-in essay, in-class test	Date issued	Date due	Weighting

PART B (to be completed by the student)

Reason for this application. Attach additional pages if required.

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- I have attached all relevant supporting documentation, including original task and feedback and/or illness/misadventure form.

Student signature: Parent/caregiver signature:

Part C (OFFICIAL USE ONLY: to be completed by the relevant staff member/s)

Panel members and positions:

Application decision:

Accepted / Declined

Comments:

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Student notified on (date): Reviewer signature:

- Original for student file
- Faculty Head Teacher copy
- Classroom teacher copy