APPLICATION FOR AN INFORMAL APPEAL OF **RESULT**



Form ID: QTDFO005a

For appealing in-class assessments
To be used if you are dissatisfied with the mark of an in-class assessment.

Before completing this form you must read the Appeals Policy found at http://www.curtincollege.edu.au/policies-curtin

Procedure

- Fill in the details on this form
- 2. Submit this form with the assessment piece that is to be re-evaluated to your lecturer within 7 days of the publication of the marks for the assessment item in question.
- 3. The lecturer will respond within 7 days.
- If you are satisfied with the outcome no further action is required.
- If you are dissatisfied with the outcome of your appeal and wish to take the matter further please refer to 5.1.2 of the Appeals

Policy.									
Student ID:									
Family Name):				Given	Name/s:			
Contact Num	ber:				Mobile	э:			
Address:					_				
I request a re	eview of a	n assess	ment res	sult in:					
Unit Code	de Unit Title				Gr	Grade/Mark Lecturer's Names			
Nature of as	sessment	against v	which ap	peal is be	ing lod	ged (tick a	ppropriate box/e	es)	
Assessn	nent		Oral Pre	sentation		☐ Othe	r, please specify: _		
Grounds for	the appea	d:							
The result was not determined by the assessment method specified in the relevant unit outline;									
Perceived bias affecting the assessment;									
Incorrect advice from staff teaching the unit affecting the assessment;									
Other reasons (please describe your reason below) Reasons such as 'I need more marks to pass' or 'I expected a better mark' will not be accepted. Attach additional information and evidence if required.									
Additional comments:									
I confirm that	I have rea	d Section	5.1 of th	e Appeals	Policy				
Student Signature:					Date:				
		OFFI	CE USE	ONLY: TO	BE FIL	LED IN B	THE LECTURE	R	
Name of Lec	turer					Outcome of	appeal- Suc	cessful	Unsuccessful
Reasons									
Lecturer Sign		-							
Student Notifie	bd.	Yes	□ No		Gr	ade Change	d □Yes □1	vo Revise	d Grade