



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 DoS 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 Studies / Assistant Director of Studies Decision (Option 1 - sit or submit the same task at an alternative time; Option 2 - sit a comparable task at a different time; Option 3 - estimate based on performance in other tasks; Option 4 - appeal denied).

Director of Studies' / Assistant Director of Studies' signature _____ Date _____

Distribution of completed form

Date of distribution _____

- Student Teacher Advisor HoD Student File D of S File