2025 Assessment Grade Appeal Application Form

Before an appeal, students should ask their teacher for detailed feedback about the reasons for the assessment decision. If the assessing was done by another teacher in the department, that teacher must be consulted. This Appeal Form must be completed and returned within 5 school days of the return of the assessment grade to the student.

Name of Student				Year Level Subject Code Subject Teacher Co			ct Teacher Code
				Tear Level	Subject code	Jubje	et reacher code
	T	l					T
Standard Number	NCEA Level	Credits		Star	idard Title		Grade Receive
Reasons for Appea	il: Please expla	in in box	below	or attach se	parate explanati	on	
Student Signature: Date:						e:	
Yes -I have sighted	• •	and expla	ined w	hy they rece	ived this grade:		
Teacher Signature	:						_
STEP 2: PRINCIPA	ALS NOMINE	Е СОМР	LETES	AND THEN	I HANDS TO EX	KTERNA	L MARKER
OR HOD							
Appeal	Reason:						
Granted							
☐ YES ☐ NO							
STEP 3: EXTERNA	MARKER (OR HEAD	OF D	FPΔRTMFN	JT RF-ΜΔRΚ Δ	SSESSN	AFNT AND
THEN HANDS TO				, E. , (1, (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		.552551	
Please tick	EXTERNAL MARKER OR HEAD OF DEPARTMENTS RESULT:						
	The grade awarded or decision by the teacher stands.						
	The decision or grade awarded has been changed to						
REASON FOR THIS	DECISION:						
TED 4 DDINGID		F 6014D	LETEC		FC \4/1 T C T D		10.1100
The reason for this						ENI AN	ІО НОО
The reason for this of Student Signature		n explaine	ea to m	e and i accept	Date:		
If the grade has cha		re all stud	ent wo	rk with simila		-marked	:
HOD Signature:	3 -1,				Date:		
Final Grade Given	to Student:						
Principals Nomine	e Signature:				Date:		
[*] If the student disa	grees with the	decision,	the stu	udent may ap	peal to the Depu	ıty Princi	pal (Curriculum)

whose decision will be final.