

Internal Assessment Candidate Appeals Form



Candidate Name				
Course Title				
Unit Title				
Assignment Title				
Assessor Name				
Stage 1 (For completion by assessor)	Date received by assessor (Name and Date)		Date reported back to candidate	
Reason for appeal (Continue onto another sheet if necessary, please indicate if additional sheets attached).				
	Candidate Copy	Assessor Copy	File Copy	
Stage 2	Date received by Lead Appeals Staff		Appeals Panel Date	
Appeal decision and feedback				
Candidate Satisfied (Yes/No)		Date:	Signature	

IF THE RESULT OF THE APPEAL PROCESS IS NOT RESOLVED THEN THE EXAM BOARD WILL BE CONTACTED AND INFORMED OF THE DISPUTE WHERE THEIR OWN APPEALS PROCEDURE WILL BE ENACTED.