

## Appeal Against Assessment Decision

**"PART A" & "PART B" should be filled by the Learner**  
 Appeals must be made within two (02) weeks from the assessment decision is issued  
 Submit this form duly filled to the Course Coordinators

### Part A - Personal Details

Name of Learner/ Appellant: (Full Name)			
ACBT ID No.		Pearson ID No.	
Batch No:		Current semester	

### Part B – Appeal details

Unit Name:	
Assignment Number :	
Original assessment decision received date:	
Assessor's Name:	
<b>On what grounds (reason) do you wish to appeal your grade?</b>	
<input type="checkbox"/>	Marks do not seem to add up or may have been entered into the computer incorrectly <input type="checkbox"/> Assessment Mark <input type="checkbox"/> Final Grade for the Unit
<input type="checkbox"/>	Assessment procedures do not match what was originally stated in the Unit Outline
<input type="checkbox"/>	Weighting of an assessment task is different to what is stated in the Unit Outline
<input type="checkbox"/>	Other valid reason (Please explain):

**I understand that appeal against an assessment decision may lead to delay/change (lower or higher) the grade of the unit and submission of an appeal does not guarantee an upgrade of the grade.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For office use only**

Form checked and Received by:

Name:

Signature &amp; Date:

**Part C – Exams Officer’s Approval for Remarking**

Name:

Signature &amp; Date:

**Part D - Remarking Records**

Assessor’s Comment:

Original Grade:

Grade after Remarking:

Name:

Signature &amp; Date:

Internal Verifier’s Comment:

Original Grade:

Grade after Remarking:

Name:

Signature &amp; Date:

**Exams Officer’s Approval for grade update and message to the learner (outcome of the application)**

Name:

Signature &amp; Date:

Results updated on:

Coordinator’s Signature &amp; Date: