

## Appeal for Reconsideration of Internal Assessment

	Date of this app	lication:
THE STUDENT IS TO COMPLETE THIS FORM		
Subject: Level:		
Student:	Form Class: _	
Teacher:		
Unit or Achievement Standard in Dispute (eg 1.1 Investigation)		
Date result was given:		
• Have you clarified the judgement with your subject teacher?	Yes	No
• Grounds on which you wish to appeal this grade: (Note that the reasons for the appeal should relate to the task instructions, provided etc. <u>A reason</u> for the reconsideration <u>must be</u> given.)		

Hand this form to the HOD or TIC within one school week of receiving your grade. The HOD will re-mark the work and moderate it using the appropriate method. You will be given a decision on this appeal within one school week of this form being handed to the HOD.

## HOD/NZQA LIAISON OFFICER TO COMPLETE:

Appeal	Accepted	Denied	Confirmed Result:	
Comments:				
HOD		Pri	ncipal's Nominee NZQA	
Subject Teache	r		Date:	

*Note:* In the event that you are not satisfied with the outcome of this reconsideration you do have a further opportunity to pursue the appeal. If you wish to take the matter further please see Ms Hall (Principal's Nominee NZQA) within one school week of receiving the HOD's decision.