

STUDENT APPEALS FORM



This form must be completed by Bundamba State Secondary College (BSSC) students who wish to appeal a decision made regarding an assessment submitted and marked by their class teacher. Please ensure you complete all sections of this form to avoid a delay in your appeal request.

If a student is under 18 years of age, a parent or legal guardian must support the appeal. Appeals must be lodged within 7 days of receiving the initial assessment decision back from your teacher. Please review the BSSC Appeals Policy and Procedure document before completing this form.

A fully completed form and evidence must be given to your teacher who will pass it to the RTO Manager or Careers Office to be recorded in the Bundamba State Secondary College RTO Complaints and Appeals Register.

PERSONAL DETAILS

Student First Name:		Student Surname:	
Student Address:			
Telephone:		Student LUI Number:	
Email:		Date of Birth:	
I hereby confirm that I acknowledge that I have been advised of the appeals process and have reviewed the BSSC Appeals Policy and Procedure document.			
Student Signature:		Date:	

DETAILS OF APPEAL

Unit Code/Title:	
Assessor Name:	
Assessment Item Being Appealed:	

Please select the reason for appeal:

Incorrect Assessment Decision

Inappropriate Assessment Conditions

Inappropriate Assessment Task/Process

Bias of the Assessor

Incorrect Information Provided Regarding Assessment

Notification of assessment results, issuing of certificates and/or Statements of Attainment

Other:

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Please detail the reason for your appeal:		
Outline steps taken prior to submitting your appeal:		
Outcomes you are seeking from the appeals process:		
Have you discussed your appeal with the Assessor?	Yes	No

DECLARATION

I have read and understood the BSSC Appeals Policy and Procedure and certify that the information provided is true and correct. I understand that I may be requested to provide further information or attend a meeting upon request to discuss my appeal further. I acknowledge that BSSC will use an independent assessor to resolve this appeal and that I will be provided with the opportunity to present my case formally at an interview if I wish.

Signature:		Date:	
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Legal Guardian (if under 18 years of age)

Print Name:		Relationship:	
Signature:		Date:	

BSSC USE ONLY

Appeal Recorded on Register:	Yes	No	Appeal Number:	
Appeal Outcome:	Successful	Unsuccessful		
Name of Assessor:		Title/Position:		
Signature:			Date:	