

# WAIMATE HIGH SCHOOL ASSESSMENT APPEAL

This form is to be completed and handed to the HOD of the subject or to the Principal's Nominee with one week of receiving the original decision. When marked work is returned to you will be asked to sign it to verify its correctness. If you intend to appeal you should NOT sign the work off as correct.

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Course: \_\_\_\_\_

Teacher: \_\_\_\_\_

Standard Number: \_\_\_\_\_

Assessment Task: \_\_\_\_\_

Reason for Appeal:

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Signature (student): \_\_\_\_\_

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

Signature (parent): \_\_\_\_\_

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

<b><i>APPEAL GRANTED / DENIED</i></b>
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Reason:

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Signed: \_\_\_\_\_

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

*Subject Teacher*

Signed: \_\_\_\_\_

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

*HOD/TIC*

# WAIMATE HIGH SCHOOL ASSESSMENT APPEAL

If your appeal is denied you have the right to appeal to the Assessment Manager.

***APPEAL GRANTED / DENIED***

Reason:

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Signed: \_\_\_\_\_  
*NZQA Principal's Nominee Teacher*

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

This form will be stored by the HOD and be available for audit as required.