

Student Details

Field	Details
Full Name	
Student ID	
Course Title	
Unit Code/Title	
Email Address	
Phone Number	

Assessment Details

Field	Details
Assessment Task Title	
Assessment Due Date	
Date of Submission	
Assessment Grade	
Reason for Appeal/Reassessment	

Reason for Requesting Reassessment or Appeal

Please select the reason for your request (tick the applicable option):
☐ Disagreement with assessment outcome (Provide details below)
☐ Extenuating circumstances (e.g., illness, personal issues, etc.)
☐ Assessment errors (e.g., grading mistake, misinterpretation of criteria)
☐ Request for reassessment based on additional evidence
☐ Other (Please specify)

Details of Request

Field	Details
Description of Appeal/Reassessment Request	
Supporting Evidence	

Student Declaration

I hereby declare that the information provided in this appeal and reassessment form is accurate to the best of my knowledge. I understand that the appeal will be reviewed by the appropriate academic staff, and that the outcome may result in either an adjustment to my assessment result or a decision to maintain the original grade.

Date	
Student's Signature	

For Office Use Only

Field	Details
Appeal/Request Received By	
Date Received	
Appeal Outcome	
Reason for Outcome	
Date of Outcome Communication	
Staff Comments	

Notes:

- Please ensure all necessary supporting evidence is attached to your request.
- Appeals will be reviewed by the relevant academic staff and the outcome will be communicated within [specified timeframe].
- In the case of an appeal, the final decision will be made based on academic policies and procedures, and the decision is final.