

IQY Technical College- Student Appeal of Assessment

<p>A Student Assessment Appeal Form can be used to appeal:</p> <ul style="list-style-type: none"> • the result or outcome of an assessment, • the way the assessment was conducted, • the outcome of an assessment of evidence provided for Recognition of Prior Learning (RPL). <p>You will have 21 working days from the date your results are provided in which to lodge an assessment appeal/request a review. As a requirement of the <i>Assessment Appeal Policy and Procedures</i> you will need to submit this form to IQY TECHNICAL COLLEGE Reception or email to the Operations Manager. During the appeal review you will receive written communication and be informed about the progress of your appeal by the Operations Manager.</p>	
Student Name:	
Address:	
Contact number:	
Email:	
Qualification/Course Name	
Unit of Competency	
Appeal Type (Tick one only)	<input type="checkbox"/> Appeal the assessment result or outcome in this unit. Assessment Task:
	<input type="checkbox"/> Appeal the manner in which the assessment was conducted.
	<input type="checkbox"/> Appeal the outcome of the application for Recognition of Prior Learning (RPL).
Details or reason for the appeal- give reasons why you think the assessment result/decision, or the assessment process was not sufficient, fair or valid.	
Have you taken any steps to address this issue with your trainer/assessor?	<input type="checkbox"/> Yes – Details:
	<input type="checkbox"/> No

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What outcome are you seeking from this appeal?		
How would you like IQY TECHNICAL COLLEGE to contact you regarding the review and outcome of your appeal?	Please tick preferred contact	
	By Phone	<input type="checkbox"/>
	By Email	<input type="checkbox"/>
	By Letter	<input type="checkbox"/>
Student Sign		
Date		
Office Use Only		
Qualification/Course Code:		
Trainer/Assessor:		
Appeal Granted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for Appeal Granted or Not Granted		
Assessment re-sit, re-marked or additional evidence submitted.	Yes <input type="checkbox"/>	Date: _____
	No <input type="checkbox"/>	
Student Advised of Outcome	Yes <input type="checkbox"/>	Please tick method of contact
	No <input type="checkbox"/>	By Phone <input type="checkbox"/>
		By Email <input type="checkbox"/>
		By Letter <input type="checkbox"/>
Trainer/Assessor Informed	Yes <input type="checkbox"/>	Added to Student File Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>
Operations Manager Signature:		
Date:		