

Southern Cross Institute (SCI)

Appeal Against Assessment Decision Form



I. Personal Details			
Student ID			
Given Name(s)		Surname	
Telephone Number		Email Address	
Course		Major	
<p>Appeals against assessment decisions must be lodged five (5) working days of the student receiving formal notification of their assessment result.</p> <p>For detailed information, please read the <i>Assessment Policy and Procedure</i> and, <i>Student Grievance Management Policy and Procedure</i> available on SCI website.</p>			
II. Details of the Appeal			
Unit Name		Semester and Year	
Assessment Title		Lecturer	
Assessment Due Date (as per unit outline)		Assessment Result Date	
III. Reason(s) for Appeal			
<p>Please provide details of the assessment decision that you are appealing along with the reasons for appeal. Briefly explain why the assessment decision was wrong and/or why the assessment process was deficient.</p>			

Please describe the desired outcome of your appeal.

Attachment(s) – if any

IV. Student Declaration

I declare that the information provided in this application is accurate. I have read and understand the information about the appeal against assessment decision process. I agree and give my consent to SCI to release my personal information for the purpose of resolving this appeal.

By submitting this form, I acknowledge that I understand that if my work is remarked, the outcome of this appeal may be that my mark may increase, decrease, or stay the same.

Student Signature

Date

Official Use Only

Received By

Name

Signature

Date

Reviewed By

Name

Signature

Date

Decision

Academic Director
Signature

Date

Dean Signature

Date