



## APPEAL FOR REASSESSMENT FORM

**SURNAME:**

.....  
(Print in large letters)

**OTHER NAMES:**

.....

**SID:**

.....

**PLEASE:**

- Fill in all information,
- Compose a written statement outlining the grounds of your appeal
- Attach to your assessment task or essay
- and submit to staff in the Faculty Office, Main Auadrangle

**UNIT OF STUDY CODE & NAME:**

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**DEPARTMENT OR PROGRAM:**

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**COORDINATOR'S NAME:**

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**DUE DATE:**

.....

**DATE OF APPEAL:**

.....

I certify that: (1) I have discussed my grade with the Unit of Study Coordinator (2) I have read and understood the Faculty of Arts Policy on Student Appeal of Grades; (3) I am aware of the Academic Board Resolution on 'Student Appeals Against Academic Decisions' (16/04/08); (4) I have written a brief statement outlining the grounds of my appeal (attached); (5) I am aware that this process does not ensure that I will receive an increased grade.

**SIGNED:**

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**DATE:**

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