

Assessment Appeals Lodgement Form Appeals No.								
SECTION 1 – Personal Details								
Name:			Title:		Mr Mrs	Ms	Miss	
Address:					Post Code:			
Email:					Tel/ Mobile:			
SECTION 2 – Course / Unit/ Module Details								
Code/Title:					Date:	/	/	
Assessor:	sessor:							
Task:								
SECTION 3 – Appellant Declaration								
I have read and understood the City College Policy and acknowledge that City College will use an independent assessor to resolve this appeal, and that I will be given the opportunity to present my case formally at an interview. Should the appeal progress to an external arbitrator, I agree to pay the arbitrator fee for this appeal; however, should my appeal be successful I will receive a full refund of this fee.								
Signature:					Date:	/	/	
SECTION 4 – Appeal Details								
Please tick the area relating to your grounds for appeal:								
☐ Incorrect assessment decision ☐ Bias of the assessor ☐ Lack of competence of assessor ☐ Incorrect information provided regarding assessment ☐ Inappropriate assessment task/process ☐ Faulty, inappropriate or lack of equipment ☐ Inappropriate assessment conditions								
Please outline the situation for your appeal:								
Appeal discussed with the Assessor: Appeal has been successfully resolved: YES NO NO								
Admin Use Only								
Д Арр	eal Form Received (Admin)	Initial			Date:	/	/	
☐ App (Register	eal Lodgement reco <mark>rded</mark> ·)	Initial			Date:	/	/	
Lett	er of Acknowl <mark>edgement sent</mark>	Initial		,	Date:	/	/	
App	eal Forwarded to CEO	Initial			Date:	/	/	
Note: Use "Assessment Appeals Progress Form" to record further actions regarding this Appeal								

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