London College

ASSESSMENT APPEALS FORM

To be filled out by the Participant and submitted to the Principal by post or email.

Participant Name:	**Participant ID Number:**
Phone:	**Date of Appeal:**
Course:	**Request for remark** ☐ **Request for formal appeal against remark** ☐

Please list the assessment task or project that has been marked and the result that is the assessment appeal:

Assessment task	Date submitted	Date of result	Result	Trainer / Assessor who marked your work

Reasons for your appeal /request for remarking:

Assessment Appeal Resolution - Please answer the Q's below then describe efforts made to resolve the issue around the complaint following our procedures:		
Have you discussed the first assessment feedback or results with the trainer within 14 days of the result date.	☐ Yes ☐ No	Outcome /what has happened?
Has the assessment been resubmitted within 14 days and remarked (2nd time) by the trainer/assessor?	☐ Yes ☐ No	Outcome /what has happened?
OR Has the assessment been resubmitted within 14 days and remarked (2nd time) by another assessor?		
If you are filling in this appeal form, does this mean you are still not satisfied with the 2nd set of results and seek a review of the decision. This request will be considered by the Principal.	☐ Yes ☐ No	You must submit this request within 28 days of the date of the 2nd time remarked results. Note: The decision will be recorded in writing and you will be informed within 28 days of that meeting.
Please send a separate letter or email to the Principal if you wish to add more details.		
Please make sure that you read the assessment appeals policy and procedure in the Student Handbook and follow that procedure. We will treat your complaint or appeal following the procedure and communicate with you about this.		
Participant Signature:	Date:	

HOW TO SUBMIT:

Download this form from the website (student area) and complete then email to **principal@london.edu.au**

Seek an appointment with the Principal and give the completed form an any other information in person.

For Office Use Only

Follow up Continuous Improvement Request Raised: ☐ Yes ☐ No	Date CIR Raised:	
CIR Raised by: Signed:	Date:	
CIR Received by the Principal ☐ Yes ☐ No	Allocated CIR No.:	
Our policy is to keep a register of complaints and appeals and report these to management meetings.		
Signature of the Principal:	Date:	