Accredited Short Courses
Suite 18, 47-51 Little Boundary Rd
Laverton North VIC 3026
admin@accreditedshortcourses.com.au

Assessment Appeal Form

By *completing* this form, you are formally appealing the decision pertaining to your assessment results. This form must be submitted to Accredited Short Courses' within 30 calendar days of your assessment result to begin the assessment appeal process.
A written reply will be forwarded to you within 7 working days.

Name		**Date**	
Email Address		**Contact Number**	
Street Address			
Name/s of Assessor			
Code &Title of Qualification			

Units of Competency (UoC) – Under Appeal ***In the boxes below note UoC code and title***	**Reasons for Appeal** ***Please provide a full, detailed description of your appeal. You may add further pages if required***

Read the statements below and tick in acknowledgement

	I have read and understood the information about lodging an assessment appeal under Accredited Short Courses Complaints and Appeals Policy
	I have verbally discussed this assessment appeal with my assessor prior to submitting this form
	I have provided supporting evidence relating to this appeal
	I declare that all of the information above and attached (if applicable) is factual and correct.

Student Signature	

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OFFICE USE ONLY				
Received and recorded by			**Date**	
Form has been scanned into System	**Yes / No**	**Appeal has been recorded in Complaints/ Appeals Register**		**Yes / No**
Appellant has been notified in writing that assessment appeals form has been received		**Yes / No**	**Date**	
Appeal given to			**Appeal Number**	
All involved staff and individuals have been notified of assessment appeal and meeting date set		**Yes / No**	**Meeting Date**	
Action Taken and Outcome				
Outcome Replied by			**Replied Date**	
Improvement/s Required? (If applicable)				
Improvement aspects required: Recorded and actioned		**Yes / No**	**Date**	

Related Standard/s: Clause 5.2, 6.1-6.5