ELECTUS

Assessment Outcomes Appeal Form

Student details:

Title: _____ Name: _____

Address: _____

_____ Postcode: _____

Email: _____

Contact phone number during business hours: _____

Please advise Electus as soon as possible if any of your contact details change.

Unit of study being appealed ……..

Please give us all the information that you think is relevant to your complaint. Once all information is received, your complaint will be dealt with quickly and objectively in order to reach a satisfactory outcome for all parties. The Assessment Coordinator can be contacted on 8221 5517.

Briefly outline the reasons why you think the assessment outcome is incorrect. Please provide as much evidence as possible to support your claim. Also include any relevant information that might have been discussed in the initial review process with your assessor. Attach another page if inadequate space below.

Please sign and date this form;

Signature: _____ Date: _____

Office Use Only:			
Date Received	Action Taken	By Whom	Agreed Outcome

Complainant notified date: _____