

Academic Appeal Form

Students who believe that the academic judgement they have received is unfair and not transparent are entitled to seek a review of, or appeal against their assessment outcomes under NTI's <u>Assessment Policy</u>. Appeals against assessment of assignments must be made within two (2) weeks of receipt of the assignment result.

| STUDENT DETAILS | | |
|---|-----------------|--|
| Given name/s | | |
| Surname/family name | | |
| Student ID | | |
| CONTACT DETAILS | | |
| Phone number | | |
| Email | | |
| GROUNDS OF APPEAL | | |
| Students cannot lodge an appeal simply because they are dissatisfied with the academic decision. They must demonstrate that the grounds for appeal exist e.g - failure to assess work in accordance with specific criteria or bias by a marker. In support of your appeal, please provide a summary of your case and attach supporting evidence if available. | | |
| Subject Code | Subject Name | |
| Year and Semester | Lecturer's Name | |
| l hereby lodge an appeal against | | |
| Single assessment task | | |
| Assessment Name | Current Mark | |
| Subject Grade | | |
| Current Grade | | |
| Reason for appeal: | | |

I declare that to the best of my knowledge the information supplied on this form is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my request may result in a delay in the processing of my appeal.

| Student signature | Date |
|-----------------------------------|-----------------|
| | |
| Student Services Office | |
| Application received by: | |
| Date: / / | |
| Appeal request to be forwarded to | |
| Head of Program | Dean of Studies |
| | |
| Head of Program | |
| Appeal Outcome: | |
| | |
| | |
| | |
| Signature | Date / / |
| | |
| Head of Program | |
| Appeal Outcome: | |
| | |
| | |
| | |
| Signature | Date / / |

NAN TIEN INSTITUTE