

Details of Request

Field	Details
Description of Appeal/Reassessment Request	
Supporting Evidence	

Student Declaration

I hereby declare that the information provided in this appeal and reassessment form is accurate to the best of my knowledge. I understand that the appeal will be reviewed by the appropriate academic staff, and that the outcome may result in either an adjustment to my assessment result or a decision to maintain the original grade.

Date	[Student's Signature]

For Office Use Only

Field	Details
Appeal/Request Received By	
Date Received	
Appeal Outcome	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Reason for Outcome	
Date of Outcome Communication	
Staff Comments	

Notes:

- Please ensure all necessary supporting evidence is attached to your request.
- Appeals will be reviewed by the relevant academic staff and the outcome will be communicated within 7 Days.
- In the case of an appeal, the final decision will be made based on academic policies and procedures, and the decision is final.