

## NCEA Appeal Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Tutor Group: \_\_\_\_\_

Subject: \_\_\_\_\_ Level: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

Date Assessment was returned: \_\_\_\_\_

**Achievement/Unit Standard**

Title: \_\_\_\_\_

Number: \_\_\_\_\_

Type of assessment activity (e.g. test, essay, laboratory experiment):

\_\_\_\_\_

Reason for appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

**This form must be submitted to the subject teacher within 3 weeks of receiving your assessment result.**