

Southland Girls' High School Appeals Application

| Name: | AT Class |
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| Course: | Teacher: |
| Department: | |
| Standard Number: | |
| Assessment Title: | |
| You should discuss the result of the assessment with your class teacher first. An appeal must be made within 5 school days of receiving the result. | |
| Reason for the Appeal (must be linked to specific requirements of the standard / assessment that you feel you have meet): | |
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| Student Signature: | Date: |
| Action Taken: | |
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| Hoad of Donartments | Dato |
| Head of Department: | Date: |