



Assessment Appeal Form

Tick either 1 or 2

1. Illness or Misadventure or Extraordinary Circumstances Application: This form must be submitted to Marco Polo - The Italian School of Sydney by email, as early as possible and not later than the submission date.

OR

2. Appeal against a task result: This form must be submitted to Marco Polo - The Italian School of Sydney by email, within 7 days of notification of the result.

Section 1: To be completed by student and External Provider Head Teacher

Family Name: _____

First Name: _____

Course: **Yr 11 Preliminary Italian Beginners** **HSC Italian Beginners**

Assessment task: _____ Due date of task: _____ / _____ / _____

Reason for this application: _____

Supporting documentation: Medical certificate
 Other (please specify) _____

Class Teacher Name: _____

External Provider Head Teacher Name: _____

External Provider Head Teacher Signature: _____ Date: _____ / _____ / _____

Section 2: To be completed by External Provider Head Teacher

Extension of time without penalty

Revised submission date: _____ / _____ / _____

Substitute task

Revised submission date: _____ / _____ / _____

Zero mark awarded. Task to be completed
for demonstration of outcomes

Revised submission date: _____ / _____ / _____

Explanation: _____

External Provider Head Teacher Signature: _____ Date: _____ / _____ / _____

Right of appeal to Assessment Review Panel: A student and/or supervisor has the right to appeal this decision,

within 7 days of its notification. To appeal, the student and/or supervisor must submit this form PLUS a written response stating the grounds for appeal, to the External Provider. The decision of the panel is final.

Section 3: To be completed by Assessment Review Panel

Assessment Review Panel decision:

Appeal upheld

Estimate given based on evidence

Alternate task to be provided

Revised submission date: _____ / _____ / _____

(The estimate will not be finalised until the end of the course based on performance across the course)

Appeal denied

ZERO mark awarded. Task to be completed for demonstration of outcomes.

Other

Explanation: _____

Signature: _____

Date: _____ / _____ / _____

Office use only

Approved: _____

Comments: _____

Date: _____

External provider details

Provider Name: Marco Polo - The Italian School of Sydney

A.B.N: 54 667 829 341

Address: 1 Coolatai Crescent, Bossley Park NSW 2176

Contact Person: Giovanni Testa (Executive Officer)

Email: learning@cnansw.org.au