



Marco Polo  
The Italian School of Sydney

## 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](mailto:learning@cnansw.org.au)