# PALMERSTON NORTH GIRLS' HIGH SCHOOL

## Appeal of Assessment Decision

Student: _____ Level, Subject and Teacher: _____

Achievement Standard/Unit Standard: _____ Grade given: _____

HOD: _____

I wish to appeal the assessment decision for the Standard named above, for the following reason/s:

[Please be as specific as possible about the reasons for your application itemising any specific evidence that is appropriate].

Reasons for appeal:

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Signature of student: _____ Date: _____

Signature of parent/caregiver: _____ Date: _____

# Response to Appeal of Assessment Decision

Your request for an appeal of the assessment decision has been considered and the following decision has been made:

Existing grade will remain as: ☐ Grade will be changed to: ☐

Reasons for decision:

Signature of student: _____ Date: _____

Signature of HOD: _____ Date: _____

Signature of Principal's Nominee: _____ Date: _____