

ASSESSMENT RECONSIDERATION or REVIEW

To be completed by the Applicant and given to the subject teacher or HOD

Surname: _____ First Names: _____

Form Class: _____ Subject Name _____ Teacher code _____

No. of Standard: _____ Name of Standard: _____

Assessment Title & Date: _____

The reasons for applying for a reconsideration or review are:

The outcome wanted from this reconsideration is

- alternative evidence used work to be reassessed
 amendment to assessment records

Where you are applying because of impaired performance, in the box below list the supporting documentary evidence (e.g. medical certificate or note from caregiver) attached to this appeal form.

Signature of Candidate: _____ Date: _____

Reconsideration Accepted : Rejected

Signed:

HOD _____

Date: _____

Assessment Coordinator _____

Date: _____

Student _____

Date: _____