

Malpractice Appeals Form

To appeal against a malpractice decision, this form must be submitted to the Campus Supervisor of the course by email, within 7 days of notification of the result.

Section 1: To be completed by student

Student name: _____ Year: _____

Course: _____ Task no. _____

Submission date: ____/____/____

Explain the reason for this application:

Supporting documentation **must** be attached (please tick):

- Original task Other

Campus Supervisor: _____ Date: ____/____/____

Section 2: To be completed by Campus Supervisor

- | | |
|---|---|
| <input type="checkbox"/> Mark awarded | Revised submission date: ____/____/____ |
| <input type="checkbox"/> Zero mark/ grade awarded (for task with one part) | |
| <input type="checkbox"/> Task to be completed for demonstration of outcomes | Revised submission date: ____/____/____ |
| <input type="checkbox"/> Partial mark/ grade awarded (for task with multiple parts) | |
| <input type="checkbox"/> Task to be completed for demonstration of outcomes | Revised submission date: ____/____/____ |

Campus Supervisor: _____ Date: ____/____/____

Right of appeal to Malpractice Review Panel: A student has the right to appeal this decision, within 7 days of its notification. To appeal, the student must submit this form PLUS a written response stating the grounds for appeal, to the Malpractice Review Panel through the Campus Supervisor. The decision of the panel is final.

Section 3: To be completed by Malpractice Review Panel

Assessment review panel decision:

- Appeal upheld**
- Student is awarded mark/ grade

- Appeal denied.**
- ZERO/ grade mark awarded. (for task with one part). Task to be completed for demonstration of outcomes.
- Partial mark/ grade awarded (for task with multiple parts). Task to be completed for demonstration of outcomes.

- Other**

Explanation:

Signed: _____ Date: ____/____/____