



APPEALS LODGEMENT FORM

PERSONAL DETAILS											
Date:											
Student Name:											
Student ID:											
Course Code/ Course Name:											
Course Commencement Date:											
UNIT/MODULE DETAILS											
Code/Title:											
Assessor:											
Task:											
APPELLANT DECLARATION											
<p>I have read and understood the Mercury Institute of Victoria's Appeals Policy and acknowledge that Mercury Institute of Victoria will use an independent assessor to resolve this appeal, and that I will be given the opportunity to present my case formally at an interview. Should the appeal progress to an external arbitrator, I agree to pay the arbitrator fee for this appeal; however, should my appeal be successful I will receive a full refund of this fee.</p>											
Signature:		Date:	/ /								
APPEAL DETAILS											
<p>Please tick the area relating to your grounds for appeal:</p> <table border="0"> <tr> <td><input type="checkbox"/> Incorrect assessment decision</td> <td><input type="checkbox"/> Inappropriate assessment task/process</td> </tr> <tr> <td><input type="checkbox"/> Bias of the assessor</td> <td><input type="checkbox"/> Faulty, inappropriate or lack of equipment</td> </tr> <tr> <td><input type="checkbox"/> Lack of competence of assessor</td> <td><input type="checkbox"/> Inappropriate assessment conditions</td> </tr> <tr> <td><input type="checkbox"/> Incorrect information provided regarding assessment</td> <td></td> </tr> </table>				<input type="checkbox"/> Incorrect assessment decision	<input type="checkbox"/> Inappropriate assessment task/process	<input type="checkbox"/> Bias of the assessor	<input type="checkbox"/> Faulty, inappropriate or lack of equipment	<input type="checkbox"/> Lack of competence of assessor	<input type="checkbox"/> Inappropriate assessment conditions	<input type="checkbox"/> Incorrect information provided regarding assessment	
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<input type="checkbox"/> Lack of competence of assessor	<input type="checkbox"/> Inappropriate assessment conditions										
<input type="checkbox"/> Incorrect information provided regarding assessment											
Please outline the situation for your appeal:											



Appeal discussed with the Assessor: YES NO
Appeal has been successfully resolved: YES NO

ADMIN USE ONLY

<input type="checkbox"/> Appeal Form Received (Admin)	Initial:		Date:	/ /
<input type="checkbox"/> Appeal Lodgement recorded (Appeals Register)	Initial:		Date:	/ /
<input type="checkbox"/> Letter of Acknowledgement sent	Initial:		Date:	/ /
<input type="checkbox"/> Appeal Forwarded to CEO	Initial:		Date:	/ /

Note: Use "Appeals Progress Form" to record further actions regarding this Appeal