

## INSTRUCTIONS

This form shall be made available to any RTO student formally requesting an appeal of an assessment decision. The assessment appeal, once completed by a student, should be returned to the RTO Training Coordinator (<u>enquiries@mtacs.net.au</u>). Once a decision is finalised, the outcome of the appeal shall be provided within this form and a copy proved to the student and a copy maintained on the student's file. All appeals will be processed within 10 days of the Assessment Appeal form being formally submitted.

## COURSE INFORMATION

TRAINER NAME	AINER NAME				
COURSE NAME	URSE NAME				
COURSE COMMENCEMENT DATE	MMENCEMENT				

LIST UNITS RELEVANT	PLEASE ADVISE THE REASON FOR THE APPEAL AS IT RELATES TO
TO THIS APPEAL	THE UNIT AND THE ASSESSMENT BEING APPEALED.

STUDENT		
NAME		
STUDENT		DATE
SIGNATURE	:   · · · · · · · · · · · · · · · · · ·	
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## ASSESSMENT APPEAL FORM



## **RTO OFFICE USE**

ASSESSMENT APPEAL OUTCOME		
RTO COO-TRAINING SIGNATURE	DATE	
STUDENT SIGNATURE	DATE	