



Malpractice Appeal Form

Please submit this appeal form (within 2 school days of panel decision) to the Principal

Appeal to Principal

Student Name: _____ Course: _____

Task Name: _____

Teacher: _____

Reason/s for Appeal: (Evidence provided to demonstrate student's own work. Please attach additional evidence to this form as required)

For Office Use Only:

Principal Decision

No change to Assessment Review Team's decision: Reason/s:

Change to decision: Reason/s and decision outcome: Malpractice Register updated

Student & Parent/Caregiver informed

Signed: _____ (Principal)

Date: _____