

## **APPLICATION FOR MARKING REVIEW**

This application must be submitted within two College working days of the task being returned

| STUDENT SECTION   |                               |
|---|-------------------------------|
| STUDENT   | CLASS                         |
| COURSE  | TASK                          |
| Date of Task:// Date Task Return  | rned for Student to Retain:// |
| Which Question/Section/Part AND/OR which aspect of the Marking Criteria is involved in this requested marking review? |                               |
|   |                               |
| Why do you think your response is deserving of a you have met this criteria at a higher level than is i               |                               |
| Student's SIGNATURE   | DATE://                       |
| Now forward this completed form with the whole task to your teacher for consideration                                 |                               |
| TEACHER SECTION   |                               |
| Date Application was Lodged:// Date of Review://  |                               |
| DECISION (circle one): Mark Stands  |                               |
| Mark Altered (to new mark:)   |                               |
| Name of TeacherSig  | nature of Teacher             |
| Endorsement of Head Teacher   |                               |