

GRADES APPEAL FORM

Trainee no: Date:

Trainee name: _____

Semester/year: Group:

Programme:

Unit _____

BTEC Code: Awarding Body Code:

Signature: _____

For Registration use:

Received by: _____ Signature: _____ Date: _____

Forward to: _____ Date: _____

Please note that this trainee has appealed against his/her grade in the unit mentioned above. Kindly form a team to review his/her assessments and check the final grade calculation. Results should be forwarded within 2 working days. Review should take **all the assessments** into consideration. **Attach a copy of all assessments.**

<u>Assessment review decision:</u>	<u>HoD Comment:</u>

Old Grade: Final Grade: No change:

	Name	Signature	Date	Name	Signature	Date
Assessor 1:				HoD:		
Assessor 2:				Manager:		
Assessor 3:				QA Specialist:		
IV/LIV::				HoD:QA:		

Note to trainee: You will get feedback through your account in the system.