



THE RIVERINA ANGLICAN COLLEGE IBDP ILLNESS AND MISADVENTURE APPEAL FORM



SECTION A APPLICATION TO APPEAL AN ILLNESS AND MISADVENTURE HEAD OF IB DETERMINATION

To be completed by the IBDP Candidate.

Candidate's Name: _____ Academic Year: _____

Course: _____

Teacher's Name: _____

Name of Assessment Task: _____

Date Due: _____

State the full nature of your appeal clearly indicating all the details. The appeal must contain evidence to support your case. This form must then be lodged with the Deputy Principal – Teaching, Learning and Innovation within three school days of the return of the task.

Candidate's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

SECTION B APPEAL DETERMINATION

To be completed by the Deputy Principal – Teaching, Learning and Innovation.

Appeal Determination:

[illegible]

Deputy TLI Signature: _____ Date: _____