In processing this appeal, the AMEB (NSW) will correspond with the candidate’s teacher, as appropriate.

TEACHER / PRIVATE ENROLLER DETAILS

Teacher/Private Enroller Name: ........................................................................ Teacher/Private Enroller Number:...........................................

Phone: ........................................................................................................ Mobile: .............................................................................................

Email: ......................................................................................................................................................................................................

CANDIDATE DETAILS

Candidate Name: ................................................................................................ Candidate Number: ...................................................

Date of Examination: ...................................................................................... Location: .....................................................................

CRITERIA FOR APPEAL

In what way was there a procedural error on the part of the examiner involving a breach of AMEB (NSW) regulations and/or syllabus requirements?

... continued over
CRITERIA FOR APPEAL Continued

In what way was there a discrepancy between the examiner’s written comment and the result awarded in relation to the examination criteria?


Signature of Teacher/Private Enroller: ....................................................................................................................................................

Date: ........... / ............ / ................

Signature of Candidate: .........................................................................................................................................................................

Date: ........... / ............ / ................

If the candidate is under the age of 18, this form must be counter-signed by the parent or guardian.

Signature of Parent/Guardian: ...............................................................................................................................................................

Date: ........... / ............ / ................

Please return to AMEB (NSW) by email or post within 10 working days of receipt of examination report.