

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

ENROLLER DETAILS

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

Phone: Mobile:

Email:

Are you the candidate's teacher?

Yes

No - please provide teacher's name and teacher number

CANDIDATE DETAILS

Candidate Name: Candidate Number:

Date of Examination: Location:

CRITERIA FOR APPEAL

Please complete details on page 2 which may be forwarded to the examiner.

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.

CRITERIA FOR APPEAL

Please do not use names or other personal identifiers of the teacher, enroller or student.

In what way is the examination report inconsistent with the result of non-award?

In what way is the examination report inconsistent with the syllabus objectives?

Please describe how the studio facilities had a direct and substantial adverse effect on the candidate's performance (if applicable)

Please ensure that Page 1 has been signed and return this form to AMEB (NSW) by email or post within 10 working days of receipt of examination report.