

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: .....

Are you the candidate's teacher?

Yes

No - please provide the teacher's name ..... and teacher number .....

CANDIDATE DETAILS

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

EXAM DETAILS

Examiner Name: .....

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.**

CANDIDATE NUMBER \_\_\_\_\_

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 not consistent with the result?

Horizontal lines for writing the answer to the first question.

In what way is the examination report not consistent with the AMEB regulations or syllabus objectives?

Horizontal lines for writing the answer to the second question.

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

Horizontal lines for writing the answer to the third question.

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.