THE PNG UNIVERSITY OF TECHNOLOGY
FORM FOR APPEAL AGAINST AN ASSESSMENT OR EXAMINATION

CHECKLIST FOR REQUIRMENTS: (Tick in the box if included)

1. K100 Application Processing fee	☐	**4. Continuous Assessment Marks**	☐
2. Certified Medical Certificate	☐	**5. Copies of Tests/Assignments**	☐
3. Special Consideration Form	☐	**6. Strictly One (1) Fail**	☐

APPEAL GUIDELINES

(Please read the following appeals guidelines before completing this form)

(a) All appeals against failure are to be lodged within 7 days after the Academic Board meeting.

(b) Students should discuss their personal and family problems with appropriate Counselor in Student Service, as and when they arise during the semester. Ongoing problems brought to the attention of University authorities only after examinations are held, will not normally be considered as valid grounds for appeal.

(c) Problems which arise immediately before or during the examination period, particularly medical problems, should be documented whenever possible. Supporting evidence, in addition to this form, should be submitted. The original (not a photocopy), should be submitted or a certified copy.

(d) Receipt of K100.00 Processing Fee must be submitted together with the Appeal Form to the Chairman of Academic appeals Committee. Processing Fee will be refunded if Appeal is successful.

(e) Appeals against two or More Fails in one Semester will not be considered.

SECTION 1: (To be completed by Students)

Name: _____ ID NO: _____

School: _____ Program: _____

State the Subject and Grade Which you are appealing e.g. MA111/F, PH102/F etc.

_____

State whether you are Appealing Against Fail or Other Grades

_____

State Reasons for Appeal:

(1) _____

(2) _____

(3) _____

(4) _____

Documents attached (e.g. medical):

Have you appeal for Special Consideration? YES ☐ NO ☐ Tick Appropriate Box

Signature: _____ Date: _____

SECTION 2: (To be completed by the subject Lecturer)

Score of the Student in the failed subject

(a) Continuous Assessment mark of the student

1) Assignments _____out of_____
2) Quizzes _____ out of _____
3) Test 1_____ out of _____
4) Test 2 _____out of _____
5) Test 3 _____ out of _____
6) Others (Projects, labs etc.) _____ out of _____

Sub-total: _____ out of _____

(b) Final Examination mark of the student

Sub-total: _____ out of_____

(c) Total mark obtained by the student (a +b) _____

Sub-total: _____ out of _____

(d) Other subject (s) failed by the student (if any) _____

(e) Weighted average mark of the students of the semester _____

(f) Class attendance (1%) _____

Subjects Performance

1) **Number of Students in the class _____**
2) **Mean mark _____**
3) **Maximum mark _____**
4) **Maximum mark _____**
5) **Standard deviation**
6) **Rs=% CA of the student**
   %FE of the student
7) **Rs=% CA for the class**
   %FE of the student

3. Any other information relevant to the appeal

_____
_____
_____
_____
_____

I hereby confirm that; I have check and verified all marks to be correct.

Signature of Subject Lecturer: ..... Name of Subject lecturer: .....

I have confirmed the above.

Signature of HOS: ..... Name of HOS: .....

Section 3: (To be completed by Appeals committee Chairman)

4. Decision

(1) Accept the appeal ☐

(2) Reject the Appeal ☐

(3) Refer to the case to (student) Disciplinary committee for further investigation and location ☐

(4) Refer the case to the staff disciplinary Committee for further information ☐

Signature: _____ Date: _____

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