



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

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

1. K100 Application Processing fee	<input type="checkbox"/>	4. Continuous Assessment Marks	<input type="checkbox"/>
2. Certified Medical Certificate	<input type="checkbox"/>	5. Copies of Tests/Assignments	<input type="checkbox"/>
3. Special Consideration Form	<input type="checkbox"/>	6. Strictly One (1) Fail	<input type="checkbox"/>

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 the student Counsellor, 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 Student)

Name: _____ ID NO: _____
 Department: _____ 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 student for 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 for the class

Any other information relevant to the appeal

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

Signature of HOD: Name of HOD:

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: _____