ASSESSMENT APPEALS APPLICATION FORM

Learners wishing to appeal their received final result(s) or any aspect of the assessment process must complete this form and return it and a fee of **€40** per module appealed to their Provision before the following date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Provision:**  |  | **Date:** |  |

Learners who have applied to the CAO must submit their appeal **as per the date determined by QQI.** Appeals received after that date may not be considered by the CAO for the purpose of offers.

A fee of **€40** is payable in respect of each module result/grade being appealed. The fee is refundable in the case of successful appeals. Fees should be paid directly to the Provision. **Cheque, Bank Draft and Postal Order are the only accepted forms of payment**.

**APPEALS WILL NOT BE PROCESSED WITHOUT DIRECT PAYMENT TO PROVISION**

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| --- |
| **Part A:** **To be completed by the learner and returned to the Provision by date specified above** |
| Please tick appropriate appeal type:Assessment Result Appeal **[ ]**  Assessment Process Appeal **[ ]** Both **[ ]**  |
| Provision Name: |  |
| Learner Name: |  |
| Learner Address: |  |
| Module Code/Title: |  |
| Are there impending deadlines which may need to be considered with this application: CAO Applicant/Other Deadlines? | Yes **[ ]** No **[ ]**  |
| If yes, please give details: |
| Details of Application: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Module Code | Module Title | Original Result | Original Grade | Fee (please tick) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Total Fee Due****(Number of Appeals x €40)** |  |  | **€00.00** |

I attach fee in the total amount of €\_\_\_\_\_\_ in respect of this Appeal(s)  (please tick)

Learner’s Signature: Date: \_\_\_

Provision Co-ordinator/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Office Use:**

Total Fee Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provision Co-ordinator or relevant designated person signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAO Applicant/Other Applicant: Yes [ ]  No [ ]**

**Please tick  if this candidate has applied to the CAO **