Pamoja®

Stage 1 Student Appeal Form: Internal Review

Internal Review

Purpose
This form is used by students to request an internal review of an assessment decision by their Teacher of Record. It applies to concerns about the application of assessment criteria, teacher feedback, or marking decisions. This form must be submitted within 14 working days of feedback being released.

Submission route
Students must submit this completed form to their Teacher of Record through the designated Pamoja platform. Stage 1 forms should not be submitted directly to Pamoja Academic Operations.

1 Section 1: Student Information

Student name	
School	
Course/subject	
Teacher of Record	
Assignment/assessment title	
Date feedback was received	
Date form submitted	

2 Section 2: Grounds for Appeal

Please select all that apply.

- ☐ Misapplication of assessment criteria
- ☐ Procedural error
- ☐ Misapplication of assessment criteria

- [ ] Procedural error
- [ ] Technical issue affecting submission or assessment
- [ ] Administrative error
- [ ] Approved inclusive assessment arrangements were not applied correctly
- [ ] Other

If other, please specify:

Note
Disagreement with academic judgement alone is not grounds for appeal.

3 Section 3: Student Rationale

1. Identify the specific criterion, descriptor, rubric, or task requirement you believe was applied incorrectly.

2. Explain why you believe the assessment decision should be reviewed.

3. Refer directly to evidence from your assessed work, teacher feedback, or relevant course materials.

4. If applicable, describe any procedural, administrative, or technical issue, including relevant dates.

4 Section 4: Supporting Evidence

Please attach any relevant supporting evidence. This may include:

- ☐ Extracts from assessed work
- ☐ Teacher feedback
- ☐ Screenshots or technical evidence
- ☐ Relevant correspondence
- ☐ Other

If other, please specify:

5 Section 5: Student Declaration

- ☐ I have reviewed the assessment criteria carefully.
- ☐ This appeal is based on admissible grounds.
- ☐ I have provided evidence to support my appeal.
- ☐ The information provided is accurate and complete.

Student name	
Date submitted	

6 Section 6: Teacher Review

To be completed by the Teacher of Record.

Outcome

- ☐ Original grade/decision upheld
- ☐ Grade adjusted

☐ Further clarification provided, with no grade change

☐ Other outcome

If other outcome, please specify:

Teacher rationale, referencing criteria, procedure, or evidence:

Teacher name	
Date completed