HEART College of Innovation & Technology
1 Rampart Close | Montego Bay, St James
Tel: 876-99-HEART(43278) |Email:hcit_registry@heart-nta.org

Appeal Form

An appeal may be initiated by a trainee/client who:

1. is dismissed from an assessment
2. receives a rating or grade decision which would affect the student's/client's ability to pass the programme, course, assessment, or attain the certificate, diploma, or degree
3. receives a rating or grade that he/she believes is not in accordance with his/ her performance.

Some points to remember

1. Refer to the relevant appeal policy for details of timelines and procedures.
2. When required, please attach additional sheets to fully respond to the questions and include any additional information you wish to provide.
3. Please complete this form and submit to the Registry within five (5) working days of receiving your assessment results

Trainee /Client Information

Name: _____
Last Name *First Name* *Middle Name*

Programme: _____ NQS ID Number: _____

Address: _____

Parish: _____

Phone # _____

E-Mail Address _____

1. What was the outcome of your previous appeal/s (if applicable)?

_____

_____

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2. Are there any witnesses you will be calling on your behalf?

☐Yes ☐No

If Yes, please provide their names and how they can be contacted:

_____

_____

3. Describe the result or outcome you are seeking.

_____

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4. Are there any documents that you want to submit?

☐Yes ☐No

If Yes, please enclose the documents with this form.

I hereby affirm that the information on this form is an accurate description of the circumstances that led to this appeal.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date received: …… **Received by:** …….

Sent to: ……...… **Date:** …….

Submitted by: …… ……..
(Assessment Officer) (Date)

Reviewed by: …… ……
(Registrar) (Date)

Recommendation: ☐ Appeal Accepted ☐ Appeal Denied
Comments (if necessary):

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Action 1: ☐ Assessor Informed ☐ Student Informed
Comments (if necessary):

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Action 2: ☐ Second Marker Engaged ☐ QAC Informed
Comments (if necessary):

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Appeal Outcome Communicated: ☐ QAC Informed ☐ Assessor Informed
Comments (if necessary):

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Final Decision Communicated:

…… ……
(Registrar) (Date)