



APPEAL OF ASSESSMENT FORM

ASSESSOR TO COMPLETE

Assessor's Name: _____

Candidate's Name: _____

Company address: _____

Date of appeal: _____

Assessment being contested:

unit standard number: _____

unit standard title: _____

Basis of appeal (CANDIDATE TO COMPLETE):

Final Decision (ASSESSOR TO COMPLETE):

Please attach evidence for decision as appropriate.

Please send a copy of this form to the ATITO, (PO Box 13210, Christchurch 8141)