



WHITEBRIDGE HIGH SCHOOL

Learning, Respect and Responsibility

Malpractice Appeal Form

Please submit this appeal form (within 2 days of outcome advised) to the Principal

STUDENT NAME:			
COURSE:			
TASK:			
TEACHER:		TASK DATE:	

Teacher/Supervisor Use:

<input type="checkbox"/> plagiarism	<input type="checkbox"/> misrepresentation	<input type="checkbox"/> Attempt to gain advantage
<input type="checkbox"/> collusion	<input type="checkbox"/> failure to comply/breach of assessment conditions	<input type="checkbox"/> Intentional wrongdoing

Teacher/Supervisor to briefly outline the reasons/allegation of malpractice

Student to Complete:

Please provide a written response below to the allegations of malpractice identified above.

(if more space is required please continue on a separate page)

Student:		Parent:	
Date:		Date:	

OFFICE USE ONLY: MALPRACTICE COMMITTEE

DEPUTY PRINCIPAL

Types of malpractice:

☐

plagiarism

☐

Misrepresentation

☐

Attempt to gain advantage

☐

collusion

☐

failure to comply/breach of assessment conditions

☐

Intentional wrongdoing

Outline of investigation process:

☐

Student notified within 2 week marking period for submitted task

☐

Statements provided in writing

☐

Copy of task / task notice attached

☐

Verified student HSC AMOW

☐

Verified student receipt of rules and HSC procedures

☐

Verified student receipt of Whitebridge High School Assessment Policy

☐

Evidence documents (provided by student attached)

MALPRACTICE COMMITTEE RECOMENDATION:

DEPUTY PRINCIPAL DECISION

☐

endorsed

☐

Endorsed with amended penalty

☐

Not endorsed

Penalty:

REASON/S:

☐

Student advised of outcome

☐

Malpractice register updated

☐

Head Teacher informed

☐

Parent advised

Process completed:

☐

Date:

Deputy Principal Signature:

Date: