

Assessment Review Appeal

Date: [Insert Date]

To,

[Name of the Assessment Committee/Recipient]

[Title/Position]

[Institution/Organization Name]

[Address]

Dear [Recipient's Name],

I am writing to formally appeal the assessment decision regarding [specific assessment or course name], which I received on [date of assessment result]. I believe that the outcome does not accurately reflect my performance and would like to request a review of my assessment.

Upon reviewing my work and the feedback provided, I have identified [briefly explain reasons for appeal, e.g., misunderstanding of criteria, calculation errors, etc.]. To support my appeal, I have attached [mention any supporting documents or evidence].

I appreciate the time and effort you dedicate to addressing these matters, and I hope for a reconsideration of my assessment. I look forward to your response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Student ID or Identification Number]

[Your Contact Information]