



Application for Reassessment

The information supplied on this form will remain confidential.

Student Name:
Lecturer:
Subject:
Class:
Assignment Title(s):

Specify which form of reassessment you are applying for and detail the relevant information in the section below:

Resubmission

Applications for resubmission are only available to students who have received a grade in the range of 45-49%.

Re-mark

Students may only request the re-marking of an assessment task based on grounds of a failure in procedure and/or where the student can demonstrate their work has been inappropriately marked based on the assessment criteria.

Please explain why you are requesting the reassessment of an assessment task and provide any relevant information in support of your application.

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I have read the School's policy on Reassessment (overleaf) and accept the conditions outlined in the policy.

Student's signature: Date:/...../.....

OFFICE USE ONLY

Application received by: Date received:...../...../.....

Application assessed by: On/...../.....

Student notified of outcome on/...../.....

Details of reassessment:

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Due date (for resubmissions)/...../.....

Mark issued:

SIGNED:

Lecturer: Date:/...../.....

Academic Administrator: Date:/...../.....