

## **ASSESSMENT REVIEW REQUEST**

This form allows a student to formally request review of an assessment outcome if they are dissatisfied with a decision made during initial consultation with their lecturer.

Assessment Review Requests must be made within (5) five working days of receipt of the assessment result. Applications submitted after the (5) five working day period will not be considered unless there are extenuating circumstances to the application being submitted late that are evidenced within the request.

Failure to provide true and correct supporting documentation and complete the required fields of this form may result in your application being delayed or refused.

Return completed form and supporting documentation to: <a href="mailto:info@asahe.edu.au">info@asahe.edu.au</a>

Please refer to the <u>Student Assessment Review Policy</u> and the <u>Student Assessment Review Procedure</u>.

## Section 1: Personal Information

Student ID		Student Name		
Course				
Section 2: Subject Details				
Quarter		Year		
Unit Code		Unit Name		
Assessment Name		Assessment Type		
Have you previously communicated with your lecturer regarding this assessment? Yes $\Box$ No				
What was the outcome of your communication with your lecturer regarding your assessment?				

If the information provided does not fit in the above box, please attach the details in a separate document



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## **Section 3: Basis of Assessment Review Request**

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Pleas	e select one (1) or more options from the following that outline the reasons for the Assessment Review request				
	The learning outcomes were not clearly defined in the unit material				
_	awarded to the student. This allegation must be supported in writing with specific details.				
	assessment or approval of an extension for an assessment.				
	Other – please enter the details below				
If the i	nformation provided does not fit in the above box, please attach the details in a separate document				
	on 4: Supporting Documentation				
Appli	cants are required to provide the following supporting documents with their application.				
	. A copy of the original marked assessment				
2	. Evidence that will support the review request. This must outline in detail from the above criteria selected how and why the request should be considered				
Secti	on 5: Student Declaration				
	I declare that, to the best of my knowledge, the information provided in this application form and all attachments is true and correct.				
	I understand that any incomplete information may lead to the return of my application, or I may be contacted at any time regarding my application				
	I authorise ASA to make necessary enquiries in the assessment and verification of this application and to use any information supplied in this application for that purpose.				
	I and antend the table and the first Assessment Davis and the state of				
	I have read and understood the Assessment Review Policy and the Assessment Review Procedure				
Student Signature Date					