Review of Assessment Form

Date:

Student Details

Name: Student ID:

Phone number: Email address:

Enrolled in course:

Subject relating to the request:

Students are encouraged, wherever possible, to resolve concerns or difficulties directly with their Lecturer.

Have you discussed your concern(s) with the Lecturer? ☐ Yes ☐ No

If not, please provide a reason:

Description of reason for review

Attached supporting documentation

Declaration

I have read and understood the Institute's *Assessment Review Policy and Procedure* and have completed this form in accordance with the requirements of the Policy. The information I provided in support of my review is true, accurate and complete.

Signature

Name:

Signature:

Other avenues

If you are dissatisfied with the outcome of the review process, please consult the *Student Grievances Policy and* Procedure and the *Student Appeals Policy and Procedure* for internal and external appeals options.

Office Use Only

Review Reference Number:

Received on:

Acknowledged on:

Responsible officer:

Interview or further information requested (if applicable):

Review undertaken:

Outcome of review:

Written report provided to the student on:

Required actions completed on: