# Reassessment Request Form

## Relevant Standards
- SRTO 2015: 1.7, 1.8, 1.9, 1.10, 1.11
- Vet Funding Contract:
  - 3.1(d)(e), 4.1(a)(d), Sch. 1 (A) 10.2

## Linked Documents
- Assessment Policy
- Reassessment Policy
- Student Complaints and Appeals Policy and Procedure
- Quality Assurance Policy

## Student ID

## Student Name

## Current Date

## Full Address

<table>
<thead>
<tr>
<th>Country</th>
<th>Postcode/ZIP</th>
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## Unit Code

## Unit Name

## Assessment Number/Name

## Reason(s) for Reassessment Request

(Please write why you believe your assessment should be re-assessed)

## Student (Signature)

Date:

**ADMIN use only**

Process Flow: >>Student Admin >>Course Coordinator >>Response to the Student

- [ ] Accepted
- [ ] Not Accepted

## Agreed Solution

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>To resit the unit</th>
<th>To be reassessed</th>
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## Applicable Fee as per the Policy

- $ __________ per unit
- $ __________ Total re-assessment Fee

## Approved by Course Coordinator

<table>
<thead>
<tr>
<th>(Signature)</th>
<th>Date:</th>
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