



## REVIEW OF AN ASSESSMENT DECISION FORM

### Information for Students

1. Students may request a review of an assessment decision.
2. Students may only apply for a review of an assessment decision after they have discussed their assessment with the Lecturer.
3. A request for a review of an assessment decision must be made on this form within ten working days of formal notification of the assessment result.
4. A request for a review of an assessment decision must be made in accordance with the *Student Assessment Policy and Procedure*.
5. Students should be aware that a review of results **may lead to a mark going up or down**. The reviewed mark will be taken as the final mark for the assessment item.
6. Re-enrolment in a unit of study should proceed on the basis that the assessment result will remain unchanged; an enrolment variation can be made later if necessary.

### Student to Complete

Name:

Student ID:

Unit Code & Name:

Assessment Item: [e.g. Final exam, assignment 1]

Assessor name:

### Grounds for Review of an Assessment Decision

1. Error in the calculation of the grade

2. Assessment decision is inconsistent with the published assessment requirements/criteria

**If you have selected 2**, please specify the questions where you believe your answer sufficiently addresses the assessment requirements or assessment criteria and the mark you believe you should have received.

Signature:

Date:

Review – Course Coordinator (or nominated staff) to Complete	
Is the assessment decision consistent with the published assessment requirements/criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide reasons. If space does not permit, please attach another page.	
Name:	
Signature:	Date:

Course Coordinator to Complete	
If 1 is selected:	Re-calculated mark is:
If 2 is selected and the assessment decision is <b>inconsistent</b> with the published assessment requirements/criteria:	Re-assessment by the original lecturer
Name:	
Signature:	Date:

Re-assessment Completed – Lecturer to Complete	
Assessment item mark before re-assessment:	After re-assessment:
Name:	
Signature:	Date:

Final Assessment Decision – Course Coordinator to Complete	
<input type="checkbox"/>	Original assessment decision is confirmed
<input type="checkbox"/>	New assessment decision:
Name:	
Signature:	Date:

Office Use	
1. Notify the student of the outcome. 2. Record details of the review in the Student Assessment Review Register.	
Name:	
Signature:	Date: