

RE-ASSESSMENT FORM

Re-assessment Fee is \$100 per unit of competency. Please note that there is **no refund** provided for re-assessment fees

STUDENT DETAILS:

First Name:		Family Name:	
Student ID:		Contact Number:	
Address:			
Email Address:			
Course Name:			

Student Signature: _____ Date: ___ / ___ / ___

TO BE COMPLETED BY COURSE COORDINATOR:

Re-assessment Approved by Course Coordinator	<input type="radio"/> Approved	<input type="radio"/> Not Approved
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Subject Name	Unit Code	Unit Name

Assessor Name	Assessment Date	Assessment Time
	/ /	

Course Coordinator Signature: _____ Date: ___ / ___ / ___

TO BE COMPLETED BY FINANCE:

Payment approved by Finance officer	<input type="radio"/> Approved <input type="radio"/> Not Approved
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Reassessment fee paid - \$100 per unit of competency			
Number of unit/s:		Total payment received:	AUD\$

Finance Office Signature: _____ Date: ___ / ___ / ___

TO BE COMPLETED BY ASSESSOR:

Assessment Date	Unit Code	Result	Comments
/ /			
/ /			
/ /			

Assessor Signature: _____ Date: ___ / ___ / ___

The copy of this form must be kept in the student file for future reference.