



RE-ASSESSMENT REQUEST FORM

This form must be completed by students who have submitted their assessment by the due date and the outcome was NS or NYC. Please submit the completed form to the Course Coordinator. A non-refundable re-assessment fee of \$200 is payable if the re-assessment is submitted after the free submission period. Re-assessment results are made available 10 working days after the submission being received. If students require fast processing, a \$50 per subject fee is payable. Please refer to the Re-assessment Policy for full details.

STUDENT DETAILS:

First Name:		Family Name:	
Student ID:		Contact Number:	
Email:		Date:	

ACADEMIC DEPARTMENT USE ONLY

Course Name:	Subject:	Assessor:	Re-assessment Due Date:	Re-assessment Fee
Re-assessment approved by Course Coordinator			Total Re-assessment fee:	
Signature:		Date: / /		

FINANCE DEPARTMENT USE ONLY

Total Re-assessment Fee:		Received by:		Date:	
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STUDENT DECLARATION:

I have read the Re-assessment policy and understand it. I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters. I understand and agree to be bound by the Institution's policies and deadlines. I declare that the information I have given on this application is correct and understand that by knowingly making false or misleading statements that I may be liable for prosecution. I also authorise the Wells International College to gather and obtain any necessary information pertaining to this application.

Student Signature:		Date:	
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RE-ASSESSMENT OUTCOME:

Assessment Date	Unit Code	Result	Comments	Upload to RTO (tick ✓)
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Officer Signature:		Date:	
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The copy of this form must be kept in the student file for future reference.