



APPLICATION FOR A FORMAL REVIEW OF ASSESSMENT(S)

(INTERNAL)

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

1. Eligibility to request a formal review of assessments is detailed in the **Conducting (VET) Assessment Policy and Procedure**, and the **Higher Education Assessment Policy and Procedure**, available on the Institute Website. The informal review process as detailed in the above assessment procedures should already have been gone through, prior to the submission of this application for a Formal Review of Assessment form.
2. Applications must be lodged with the Head of Faculty within ten (10) working days of the notification of the result. If more than one request is involved, separate applications must be lodged.
3. The Head of Faculty will arrange a reassessment within three (3) weeks of the receipt of the application, and will notify students of the outcome of the reassessment within five (5) working days of the determination of the reassessment outcome.
4. You are advised to contact the Student Support Services for assistance with your application. Student Support Services are located at the Elgar Campus and can be contacted on (03) 9286 9891.

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| STUDENT ID: | | | | | | | | | |
| | FAMILY NAME: | | | | | | | | |
| | GIVEN NAMES: | | | | | | | | |
| | ADDRESS: | | | | | | | | |
| | | | | | | | POSTCODE: | | |
| | PHONE: | (HM) | | | | (WK) | | | |
| | COURSE NAME: | | | | | | | | |
| COURSE CODE: | | | | | | | | | |

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| DETAILS OF REQUEST FOR FORMAL REVIEW: | | | | | | | | |
| UNIT NAME: | | | | | | | | |
| UNIT CODE: | | | | | | | | |
| GROUND FOR REVIEW: | Please complete full details in the space provided on the back of this form. | | | | | | | |

YOUR PRIVACY

Your personal information will be collected and used in accordance with Box Hill Institute's Personal Information Privacy Collection Notice – available to be viewed on the Institute's web site at: www.bhtafe.edu.au/privacy

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|---------------------------|--|--------------|---|---|--|
| STUDENT SIGNATURE: | | DATE: | / | / | |
|---------------------------|--|--------------|---|---|--|

SCHOOL OFFICE USE ONLY:

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|--|-----|--|-------|--|------|---|---|
| Date request received by Head of Faculty: | | | | | | | |
| | DAY | | MONTH | | YEAR | | |
| Date re-assessment undertaken: | | | | | | | |
| | DAY | | MONTH | | YEAR | | |
| Date student notified by Head of Faculty: | | | | | | | |
| Head of Faculty authorization: | | | | | | / | / |

