

Re-Assessment Request Form

This form is to be completed by the student when requesting a re-assessment for any assessment task. Please complete all fields and email this form to Student Services at studentservices@acicollege.edu.au. A charge of \$100 will be applied per assessment task. Please refer to ACIC Student Assessment, Reassessment and Repeating Unit of Competency Policy.

| STUDENT DETAILS | | | |
|--|--|--------------------------|--|
| Student Name | | | |
| Student ID | | | |
| Email | | Mobile | |
| ASSESSMENT DETAILS | | | |
| Course Code & Title | | | |
| Unit Code & Title | | | |
| Assessment Task Number | | Name of Trainer/Assessor | |
| Please explain the reason for requesting a re-assessment | | | |
| | | | |
| STUDENT DECLARATION | | | |
| <input type="checkbox"/> I declare that the information provided by me in this form is true and correct. <input type="checkbox"/> I am aware that the re-assessment will cost me \$100 per assessment task (this is not applicable if management has exempted the re-assessment fees) | | | |
| Student Signature | | Date | |

| OFFICE USE ONLY | | | |
|-----------------------------------|---|-------------------|--|
| Fees Paid | <input type="checkbox"/> Received <input type="checkbox"/> Exempted | | |
| Academic Manager Decision Outcome | <input type="checkbox"/> Approved <input type="checkbox"/> Declined | | |
| LMS Updated | <input type="checkbox"/> Yes <input type="checkbox"/> No | Student Notified | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reassessment Date | | Assessor Notified | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Processed by | | | |
| Signature | | Date | |