

REQUEST TO APPEAL ASSESSMENT RESULT

Assessment appeals:

If a student is dissatisfied with an assessment result, they can discuss their result with the Assessor in the first instance OR request an independent review of the assessment result, using this form and emailing it to the Manager, Student Administration, who will organise a “blind re-mark” by an independent assessor in accordance with section 16, clauses 16.1-16.2 of the [A002 Assessment Procedure](#). **The remarked assessment mark/grade will stand and may be the same as the original mark/grade, a lower mark / grade or a higher mark/grade.**

If the student is not satisfied with an assessment re-mark result they can appeal the result, by lodging a **formal** appeal grievance in writing using the **Academic Grievance Form**, in accordance with section 16, clause 16.3 of the A002 Assessment Procedure, and A005 Academic Grievance and Appeals [Procedure](#)

The request for a review must be made within five (5) working days of the release of the academic result. **The reviewed assessment result will stand, and it may be the same as the re-marked result, a lower or higher result.**

If a student remains dissatisfied with the outcome of the formal review, they can lodge an appeal in writing for an **external** review, in accordance with section Stage 5 of the A005 Academic Grievance and Appeals procedure. The outcome of this appeal will be final.

Student Details

Given Name(s):

Family Name:

Student No:

Session Group (if applicable):

☐ Bachelor of Design ☐ Master of Design ☐ Certificate III in Design Fundamentals ☐ UCert

Campus:

☐ Sydney

☐ Melbourne

☐ Brisbane

Assessment Appeal Details

Please outline your reasons and why your assessment should be appealed:

Assessment appeal is related to: (specify subject / unit name/assessment no):

☐ Yes / ☐ No

Have you previously requested to informally resolve the assessment outcome?

Date:	Discussed with:	Notes/Outcome:
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Student Declaration

☐ I declare that the information provided is true and correct.

Student Signature:

Date:

OFFICE USE ONLY			
Received by:			Date:
Updated:	☐ Database	☐ Filed	Date: