



MISSED ASSESSMENT / APPEAL FORM

Student ID: _____ Name: _____
 Contact No: _____ Email: _____
 Course Name: _____
 Address: _____
 Suburb: _____ Postcode: _____

Term/Year	Subject Code	Assessment	Grade	Trainer's Signature	Date

Student Explanation:

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- ❖ I have read the essential information of this form and declare that information provided by me is correct and complete.
- ❖ I am aware that the re-assessment will cost me \$50 dollar per assessment task (*this is not applicable if management has exempted the re-assessment fees)

Student's Signature: _____ Date: _____

OFFICE USE ONLY

Accounts		Student Services		Academic Manager	
Payment Received/ Exempted		Database updated		Reassessment Approved	
Signature		Signature		Signature	
Date		Date		Date	

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Re-assessment Student Copy

Student Name		Student Id	
Date Received		Reassessment Returning Date	
Assessment Received By		Signature	
Assessor Name		Contact	