

REQUEST FOR REVIEW OF AN ASSESSMENT DECISION FORM

Students that wish to request a review of an assessment decision should read the *Student Assessment Policy* before completing this form.

The policy is available from www.heli.edu.au/info/

Student Number:

Family Name:

Other Names:

Email:

Mobile:

Which subject is the assessment in?

Does this refer to a final grade for a subject or an individual assessment item? If it is the latter, which assessment item do you wish to have reviewed?

What is the reason for this request?

You believe an error has occurred in the calculation of the grade and/or

You can demonstrate that the assessment decision is inconsistent with the published assessment requirements or assessment marking criteria

Attach evidence supporting your request

Support to complete this form

If you require any support to complete this form or to obtain a copy of the *Student Assessment Policy* then you can contact the Student Support Officer via: support@heli.edu.au

DECLARATION

I hereby apply for a review of an assessment decision as indicated on this form.

Applicant Signature:

Date:

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Once completed this form should be submitted to the Course Coordinator by email

Office use only

Date received:

Student notified on:

What is the outcome of the review?