



APPLICATION FORM FOR RECONSIDERATION

- ❖ Any student may apply for one reconsideration per Assessment.
- ❖ The fee is \$150.00 per paper to be reconsidered. No application will be processed without this fee being paid fully.
- ❖ Application form for reconsideration should be completed and given to the reception along with the fee.

Date: ____/____/____

Student Name: _____ ID No.: _____
Program Name: _____
Tutor: _____
Date of Assessment: _____
Unit Standard To be reconsidered: _____
Reasons for Appeal:
<input type="checkbox"/> I feel that I have done quite well in the examination to deserve a pass.
<input type="checkbox"/> Others: _____

Student Sign: _____ Date: _____

Office Use Only

Date of Acceptance: _____

Name of Recorder: _____

Signature: _____

To be completed by Academic Staff

Reconsideration shall cover only a careful re-marking of the scripts together with consideration of the results of the work done by the candidate during the course.

Please fill in the spaces below and return to the Administration Staff. If the reconsideration results in a change to the grade, please provide a brief reason.

Original Grade: _____

New Grade: _____

Reason and Comments:

Name: (Printed) _____

Signed: _____ **Date:** _____