

ACADEMIC APPEAL APPLICATION

Personal Details		
Student number:	Enrolled course:	
Surname:	Mobile:	
Given name(s):	Email:	
I Request a review of final exam /mid-term exam /assignment result in unit:		
Unit Code:	Lecture's Name:	
Tutor's Name:	Mark Received:	
If you appeal a pass grade or higher, there is a \$50 fee you'll need to pay. This may be refunded if the grade changes in your favour. If you're appealing a fail grade, you don't need to pay this fee.		
The Reasons of review (Please provide statement of reasons)		
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Declaration		
I confirm that I have provided the correct information and details and I understand that the school will make the decisions.		
Student signature:	/ Date://	



APPLICATION

OFFICE USE ONLY	
Date this request was lodged / /	
The exam paper is reviewed by (Block Letters)	
Date: / /	
Comments:	
Result amendment:	□ No
Signature:	Date: /
Program Director Approval: D Yes D No Signature:	