



**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