

## Re-assessment & Re-delivery Request Form

This form is to be completed by the student when requesting a re-assessment, re-delivery of practical class or redelivery of unit. Please complete all fields and submit this form to Student Services or email via [studentsupport@sccm.edu.au](mailto:studentsupport@sccm.edu.au).

- A fee of \$100 per assessment task applies for re-assessment (unless exempted).
- A fee of \$300 per class applies for practical class re-delivery (unless exempted).
- A fee of \$300 per assessment task applies for practical re-assessment (unless exempted).
- A fee of \$400 per unit applies for re-delivery of unit (unless exempted).

|                               |  |
|-------------------------------|--|
| <b>Student Name</b>           |  |
| <b>Student ID</b>             |  |
| <b>Course Name &amp; Code</b> |  |
| <b>Contact Number</b>         |  |
| <b>Email</b>                  |  |

### Request Type of Re-assessment (Tick one)

☐ Re-assessment of Theoretical Assessment ☐ Re-assessment of Practical Assessment

| Unit Code | Unit Title | Assessment Task |
|-----------|------------|-----------------|
|           |            |                 |
|           |            |                 |
|           |            |                 |
|           |            |                 |
|           |            |                 |

### Request Type of Re-delivery (Tick one)

☐ Re-delivery of Unit ☐ Re-delivery of Practical Class

| Unit Code | Unit Title | Date of Absent |
|-----------|------------|----------------|
|           |            |                |
|           |            |                |
|           |            |                |
|           |            |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------|--|
| <b>Reason for the request</b> <i>(please write your reason below)</i>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                          |  |
| <b>Evidence Attached</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Student Declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                          |  |
| <input type="checkbox"/> I declare that the information provided in this form is true and correct.<br><input type="checkbox"/> I am aware of the applicable fees (\$100 per re-assessment task / \$300 per practical class / \$300 practical re-assessment / \$400 re-delivery of unit), unless exempted by management.<br><input type="checkbox"/> I acknowledge this request is subject to approval and may incur additional charges under the Student Fees & Charges Policy. |                                                                           |                                                          |  |
| <b>Student Signature</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | <b>Date</b>                                              |  |
| <b>Office Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                          |  |
| <b>Fees Paid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Fees paid <input type="checkbox"/> Fees Exempted |                                                          |  |
| <b>Decision Outcome</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Approved <input type="checkbox"/> Declined       |                                                          |  |
| <b>Student Notified</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                                          |  |
| <b>Re-assessment Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                          |  |
| <b>Process By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | <b>Position</b>                                          |  |
| <b>Signature</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <b>Date</b>                                              |  |