

ASSESSMENT OUTCOME REVIEW APPLICATION FORM



Student ID			
Given Name(s)		Surname	
Telephone Number		Email Address	
CIM Program of Study			

1. REVIEW OF RESULTS REQUEST DETAILS – Student to complete

Assessment Item:	Current mark of assessment item:
Current overall mark in course (if finalised):	Grade:

Please set out the reasons for requesting the piece of work to be reviewed:

2. COURSE AUTHORITY RECOMMENDATION ON RE-ASSESSMENT – Program Director to complete

Date Student consulted the Program Director	
The result of the piece of work:	
Is re-assessment recommended?	
Name:	Position:
Signature:	Date:

3. RE-ASSESSMENT COMPLETED – To be completed by the marker of re-assessment

Mark of assessment item before review:	Mark of assessment item after review:
Final overall mark in course:	Grade:

Name of marker (please print):

Signature:	Date:
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Approved by:

Signature:	Date:
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4. RE-ASSESSMENT NOT JUSTIFIED – To be completed by Program Director

Please state reason why re-assessment is not justified and forward to the Campus Director & Dean and Student Support. Student Support will notify the student of the outcome.

Name:	Extension:
Signature:	Date:

5. ENDORSED – To be completed by the Campus Director & Dean

Campus Director & Dean Endorsed YES NO

Name:
Signature:
Date: