Request for Extension or Reassessment Form

Relevant Standards	Linked Documents
SRTO 2015: 1.7, 1.8, 1.9, 1.10, 1.11 The National Code 2018: 2.1, 6.3	Assessment Policy Reassessment Policy Student Complaints and Appeals Policy and Procedure Quality Assurance Policy

Student ID	
Student Name	
Mobile Number	
Email Address	

Unit Code	Unit Name	Assessment Number/Name

Reason(s) for Extension or Reassessment Request		
Student (Signature)		Date:

ADMIN use only

Process Flow: >> Student Admin\Trainer >> Course Coordinator >> Academic Manager >> Response to the Student

Extension/Reassessment Request	☐ Accepted ☐ Not Accepted	
If extension, specify	Revised Submission Date:	
If reassessment, agreed solution	Eligibility	☐ To resit the unit ☐ To be reassessed
Applicable Fee as per the Policy	$ _____ per unit $ _____ Total re-assessment Fee	
Approval: Trainer\Coordinator		Date:
Approval: Academic Manager		Date: