

Student Administration
Review of Grade Application

Assessment and Graduation Unit
Locked Bag 1797, Penrith NSW 2751



Read the important information on page 2 before completing this form.
Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross (X).

1 - PERSONAL DETAILS

Student ID number Daytime contact phone number

Title Family name

Given name(s)

Course code Course name Campus

2 - UNIT DETAILS

Unit number Unit name Is this your final unit? Yes No

In which session did you do this unit? What grade is displayed on your results notice?

Unit lecturer's name

3 - REASON FOR APPLICATION

Please indicate your grounds for review of final grade by placing a cross (X) in the appropriate box below. You must attach documentation in support of this review. Any grounds for appeal must be in accordance with the University's Assessment and Examination Policy available at www.uws.edu.au/policies.

- The unit coordinator did not provide a unit outline as required
- The assessment requirements as specified in the unit outline were varied in an unreasonable way
- Assessment requirements specified in the unit outline were unreasonably or prejudicially applied to the candidate
- A candidate is of the view that a clerical error has occurred in the computation of the grade
- Due regard has not been paid to the evidence of illness or misadventure

Please attach the following documentation in support of your application: unit outline assessment criterion; marks achieved for each assessment item; and any other supporting documentation.

For more detailed information concerning review of grade, please refer to the Assessment, Examinations and Review of Grade Policy available at www.uws.edu.au/policies.

4 - STUDENT SIGNATURE

Please write your iPay receipt number here or attach a copy of your receipt to this form.

iPay receipt number

Student's signature **X SIGN HERE**

Date / /

Date Received

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

IMPORTANT INFORMATION FOR STUDENTS APPLYING FOR A REVIEW

Closing date for applications

Applications must be lodged with supporting documentation at any Student Central or email to reviewofgrade@uws.edu.au within 10 working days of the notification of results on the web.

When this form should be used

You may only apply for a review of grade on final grades issued at the end of each teaching session. Prior to applying for a review of grade, you should approach the academic staff member responsible for marking of the assessment item in dispute or the Director of Academic Program. If after the discussion has taken place, you believe an error has occurred or the result is not a fair reflection of your work, you may apply for a review of the final grade. You must complete a separate application form for each review of grade.

Application fee

Applications must be accompanied by a payment of \$50.00 if you are applying for a review of any grade other than a fail grade. This fee can be paid through ipay.uws.edu.au.

Lodging this form

This form, along with supporting documentation, should be lodged in person at any Student Central or email to reviewofgrade@uws.edu.au.

1 - UNIT COORDINATOR

Date received by School

D	D	/	M	M	/	Y	Y	Y	Y
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Application accepted

Application forwarded to unit coordinator for response on

D	D	/	M	M	/	Y	Y	Y	Y
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Unit coordinator's comments

UNIT COORDINATOR'S NAME

Signature

UNIT COORDINATOR'S SIGNATURE

2 - HEAD OF SCHOOL ASSESSMENT

Decision Upheld Dismissed

Signature

HEAD OF SCHOOL SIGNATURE

D	D	/	M	M	/	Y	Y	Y	Y
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3 - RESPONSE TO BE PROVIDED TO STUDENT

Head of School to provide details of response to be given to student

4 - CHANGE OF GRADE (Head of School to complete where a Change of Grade has been approved)

Original grade

Mark

New grade (to be written in full e.g. pass)

Mark

Signature

HEAD OF SCHOOL SIGNATURE

D	D	/	M	M	/	Y	Y	Y	Y
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