## **Request for Extension or Reassessment Form** Relevant Standards **Linked Documents** SRTO 2015: 1.7, 1.8, 1.9, 1.10, 1.11 **Assessment Policy** The National Code 2018: 2.1, 6.3 **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** Accepted Request Not Accepted If extension, specify **Revised Submission Date:** To resit the unit If reassessment, agreed solution Eligibility To be reassessed Applicable Fee as per per unit the Policy Total re-assessment Fee Approval: Date:



Date:

Trainer\Coordinator

Approval: Academic

Manager