## Request for Assessment Re-Evaluation



If a student believes that an assessment outcome is unfair or incorrect, they should first discuss it with their teacher (this is an informal review). If after this discussion the student still feels the outcome is incorrect, a formal re-evaluation of an assessment result may be requested.

## Instructions for Student:

- Please take this form to any Customer Services Centre **within 10 business days** of receiving notification of the informal review from the teacher.
- If you are still dissatisfied with the decision of this re-evaluation process, you will have a further right to appeal. Refer to the <u>TAFE Queensland Student Rules</u>.

Student Name:			Student Number:				
Email Address:			Phone / Mobile:				
Assessment Details							
Qualification Code:	Qualification Name:						
Unit/Course Code:	Unit/Course Name:						
Teacher/Assessor Name:			Notification Date:				
Reason/s for Requesting Re-Evaluation:							
Student Signature:			Date:				

**Privacy Statement:** TAFE Queensland is collecting your personal information on this form in order to evaluate an assessment outcome and/or conduct re-assessment. In accordance with the Information Privacy Act 2009 (Qld), your personal information will only be accessed by staff employed by TAFE Queensland for the purposes of to evaluate an assessment outcome and/or conduct re-assessment. Your information will not be provided to any other person or agency unless you have provided TAFE Queensland with permission, if authorised under our Privacy Policy (available at https://tafeqld.edu.au/global/privacy-policy.html) or disclosure is otherwise permitted or required by law. Your information will be stored securely. If you wish to access or correct any of your information, discuss how it has been managed or have a concern or complaint about the way the information has been collected, used, stored, or disclosed, please contact the TAFE Queensland Privacy Officer at privacy@tafeqld.edu.au

<b>Re-Evaluation –</b> Student to be notified within 7 days of the Re-Evaluation decision								
Assessor Name:					Date:			
Result to be Amended Process Amended Result Request form, refer student for refund		<b>Result Unchanged</b> Advise student in writing within 7 days						
Assessor Feedback	:							
Assessor Signature:						Date:		
	•							
Manager Signature:						Date:		
Office Use Only								
Result Amended:	Yes	s No		Student Notified:	Yes	No		
Processed by:				Date:				

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