Reassessment and Appeal Form

Student Details

Field	Details
Full Name	[Student's Full Name]
Student ID	[Student ID Number]
Course Title	[Course Name]
Unit Code/Title	[Unit Code and Title]
Email Address	[Student's Email Address]
Phone Number	[Student's Contact Number]

Assessment Details

Field	Details
Assessment Task Title	[Name of the Assessment Task]
Assessment Due Date	[Due Date of the Assessment]
Date of Submission	[Date the Assessment was Submitted]
Assessment Grade	[Grade/Result Received]
Reason for Appeal/Reassessment	[Brief Description of Reason]

Reason for Requesting Reassessment or Appeal

Please select the reason for your request (tick the applicable option):
☐ **Disagreement with assessment outcome (Provide details below)**
☐ **Extenuating circumstances (e.g., illness, personal issues, etc.)**
☐ **Assessment errors (e.g., grading mistake, misinterpretation of criteria)**
☐ **Request for reassessment based on additional evidence**
☐ **Other (Please specify)**

Details of Request

Field	Details
Description of Appeal/Reassessment Request	[Provide a detailed explanation of why you believe the assessment result is incorrect or why you should be reassessed]
Supporting Evidence	[Please list any documents or evidence supporting your request (e.g., medical certificates, emails, etc.)]

Student Declaration

I hereby declare that the information provided in this appeal and reassessment form is accurate to the best of my knowledge. I understand that the appeal will be reviewed by the appropriate academic staff, and that the outcome may result in either an adjustment to my assessment result or a decision to maintain the original grade.

Date	[Student's Signature]
Click or tap to enter a date.	

For Office Use Only

Field	Details
Appeal/Request Received By	[Staff Name]
Date Received	[Date Received]
Appeal Outcome	[Approved/Rejected]
Reason for Outcome	[Reason for decision, if applicable]
Date of Outcome Communication	Click or tap to enter a date.
Staff Comments	[Any comments or notes from staff regarding the appeal]

Notes:

- Please ensure all necessary supporting evidence is attached to your request.
- Appeals will be reviewed by the relevant academic staff and the outcome will be communicated within 15 Business Days .
- In the case of an appeal, the final decision will be made based on academic policies and procedures, and the decision is final.

- Please handover this form at reception desk of ELAN COLLEGE Suite 2, Level 6, 190 Queen Street, Melbourne VIC 3000 || Phone: +61 433 549 009 || Email: elancollegeaustralia@gmail.com