

HE-EDF53 REVIEW OF GRADE REQUEST FORM

Abbreviations:

AHE	Apex Australia Higher Education
CC	Course Coordinator
HESF	Higher Education Standards Framework

Context for using this Form

- Before initiating this process at Apex Australia Higher Education (AHE), please read the **HE-AP03 Student Assessment Policy and Procedure** and the **HE-BPR04 Student Grievance, Complaint and Appeal Policy and Procedure**, available on the [Apex Australia Higher Education website](#).
- This form is for students who are not satisfied with a received grade or mark. If you require advice prior to lodging a request for a review of grade, or support during the process, please contact your Course Coordinator (CC).

Student Details:

Student ID Number:	Contact Number:
Given Name:	Family Name:
Email Address:	

Course Details:

Course Name	CRICOS Course Code	Tick which course/s you are applying for RPL
Bachelor of Information Systems	114079G	
Master of Information Systems	114939A	
Bachelor of Information Technology	117549B	
Master of Information Technology	117550J	

Details of Review:

Unit of Study

- Please indicate the unit of study relevant to your request.

Unit Code:	Unit Name:	Original Grade / Mark:	Date of Grade Notification:

Basis of the request for review of a grade:

- 8.1 Request for review processing fee **AUD \$75** must be paid at the time of request, refer to [Non-Tuition Fees and Charges on website](#).

Payment Options		
Direct Deposit	Bank	Commonwealth Bank of Australia
	Account Name	Apex Higher Education
	BSB	062 -256
	Account No	1113 6297
	Branch Address	Campsie NSW
Apex Australia Reception	Cash / Eftpos / Credit Card (2% surcharge applies for credit card payments)	
If you are making payment via direct deposit, please include your Name and/or Student ID in the payment description.		

- 8.2 If your grade review is successful and results in a change of marks or grade, any applicable fees charges already paid will be refunded.
- 8.3 A student may appeal an assessment decision. A request for a review may relate to the decision regarding an individual assessment item or a final grade for a unit of study. The grounds upon which the student may request a review of an assessment decision are mentioned in the table below, *please indicate by ticking the relevant boxes the reasons for your request. Refer to [HE-AP03 Student Assessment Policy and Procedure](#)*:

Tick the appropriate box	Select reason for review of an assessment decision
	Ground 1: Belief that an error occurred in the calculation of the grade; and/or
	Ground 2: Demonstration that the assessment decision is inconsistent with the published assessment requirements or criteria.

Explanation

Provide a clear explanation of why you are requesting a review. Attach additional pages if needed.

Supporting Documentation:

Please list any documentation you have attached to this form to support your request for a review of an assessment decision.

Privacy and Personal Information:

- You are entitled to protection of the personal information you provide. Your personal information is treated according to the law and the [HE-BP07 Privacy and Personal Information Policy and Procedure](#).
- The personal information collected on this form will allow your matter to be properly considered. During this process, AHE may need to disclose some personal information to other organisations, including as required by law.

Student Declaration

By signing below, I _____, confirm:
(Student Name)

- The information provided in this application is true and accurate.
- I have attached sufficient and appropriate evidence to support my application.
- I agree to AHE using my personal information and keeping a safe and confidential record of this application and relevant documentation for the purpose of assessing this Request.

Student Full Name:	
Student Signature:	
Date (dd/mm/yyyy):	____ / ____ / ____

***Note:** Completed documents needs to submit to support.he@apexaustralia.edu.au

OFFICE USE ONLY			
Lecturer Review			
Reviewed By (Name):			
Date Reviewed (dd/mm/yyyy):	____ / ____ / ____		
Outcome of Review			
Course Coordinator Review			
Reviewed By (Name):			
Date Reviewed (dd/mm/yyyy):	____ / ____ / ____		
Outcome of Review			
Revised Grade (if applicable)			
Comments			
Registrar Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	____ / ____ / ____
Student Record updated	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student advised of outcome of review	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	____ / ____ / ____