Application for Reconsideration of Assessment Grade or Mark

Please note, reconsideration can only be made for an assessment, not for a final grade.

**Submit this completed form with your marked assessment or assessment marking feedback to the Course Coordinator within the timeframe specified in the course guide.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** |  | **Date** |  |
| **First Name** |  | **Programme** |  |
| **Student ID** |  | **Course Code and Title** |  |
| **Email** |  | **Assessment** |  |
| **Course Coordinator** |  | | |

**Section 1 – Student to complete**

|  |
| --- |
| I am applying for a reconsideration of my assessment because (please tick and give further specific detail below):  My marks have been added incorrectly – identify where the error occurred  There is an irregularity between the marking criteria and my grade or mark - identify where you have met the criteria  There is an irregularity between the marking criteria and the assessment instructions – identify the specific criterion or criteria and assessment instructions  *(use the other side of this page if you need more space)* |
| I acknowledge that my grade or mark may be unchanged, raised or lowered.  Signed: Date requesting reconsideration:  (Electronic signature is acceptable) |

**Section 2 – Academic staff to complete**

|  |  |  |  |
| --- | --- | --- | --- |
| Current grade or mark  e.g. C- or 25/50  Learning Outcome/criteria | Relevant learning outcome or criterion (where applicable) | Feedback (reconsideration) | New grade or mark  or ‘No Change’ |
|  |  |  |  |

|  |  |
| --- | --- |
| Signed:  (Electronic signature is acceptable) | Date reconsideration completed: |