



Educating for Excellence

# Australian Ideal College

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## Assessment Appeal and Reassessment Form

Student's Details			
Family Name		Given Name	
Student No.		Date of Birth	
Phone No.		Gender	Male      Female
Email Address			
Course Code			
Course Name			

What is being requested: Appeal Reassessment

What are you grounds for the appeal? \_\_\_\_\_

\_\_\_\_\_

Term	NYC subject	Comment

**Total re-assessment fee**    \$ \_\_\_\_\_

I have read and understood the information and agree to abide by the Terms and Conditions of Enrolment written at the back of this form.

Signature of Student\* \_\_\_\_\_ Date \_\_\_\_\_

\*Parents or Guardian must sign this form if the student is under 18 years old.

**For AIC Office Use Only**

Date of Receipt		Received by (Staff)	
Outcome			
Remarks			

Re-assessment fee received and signed by \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director of Studies \_\_\_\_\_ Date \_\_\_\_\_