



Reassessment Application Form

This form is to be used when a student has been deemed not yet satisfactory for an assessment and has failed to attempt a request reassessment within seven (7) days of that result being communicated to them.

Student's Details:											
Student ID Number											
Student Name											
Student number											
Trainers name											
Qualification											
Student Declaration:											
I understand that re-assessment fees \$250 due to missed classes											
I agree to pay an additional fee added on my invoices											
Student Name:											
Student Signature:											
Date:											
Assessment/s (Code)		Rea	ison fo	r reass	sessm	ent					
Reassessment granted									Date		
Office use Only:											
Staff Name									Date:		
Signature:									Date:		