

FACULTY OF LAW
APPLICATION FOR REVIEW OF ASSESSMENT RESULT

Applications for review of assessment result **MUST** be submitted **WITHIN 2 WEEKS** from the date the assessment result was released.

Applications outside this time frame **will not be eligible for review.**

Name: _____

Student Number:

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Status (Internal / External): _____

External students only please provide address where your application is be posted:

L	W	B			
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Unit Co-ordinator: _____

The mark awarded for this assessment was ____/____

Student's Signature

____/____/____

Date

ORIGINAL ASSESSMENT AND REASONS FOR A REVIEW MUST BE ATTACHED WITH THIS APPLICATION

OFFICE USE ONLY

As a result of your application for a review of your assessment result, your mark for the attached assessment was **ALTERED / NOT ALTERED**

If your mark has been altered, the new mark is ____/____

Any Comments: _____

Chief Examiner

Date

____/____/____

Note for Unit Coordinator: please return form and assessment to the Administration Officer. Thank you.