



REASSESSMENT APPLICATION FORM

Please refer to HIA Assessment Policy and Procedure from Student Handbook

Student Details:

Student Name:	
Student ID:	Date of Birth:
Email:	Phone:
Address:	

Course Information:

Course:
Intake Date:

Reassessment Units

Unit Code:	Unit Name:
1	
2	
3	
4	
5	

Reassessment Fee is \$250.00 per unit. Paid Unpaid

Reasons for Reassessment	
1	
2	
3	



Documents Attached	
1	
2	
3	

Student Declaration:

I, _____, declare that all the documents and information provided are true and genuine. I agree that once the reassessment has been approved, the DUE DATE for the re-assessed unit will be two weeks from the date of approval. The scheduled required DUE DATE for the re-assessed unit will be followed.

 Student Signature

 Date

For office use only:

Received by: _____

Signature: _____ Date: _____

Assessor Decision: Approved Rejected

If "Rejected", please list reasons: _____

Assessor Name: _____

Signature: _____ Date: _____

Registered into the Student File: Yes No

Name: _____

Signature: _____ Date: _____