APPLICATION FOR A REVIEW OF GRADE
TERTIARY EDUCATION DIVISION
Internal Brisbane, Sydney and Melbourne students should submit this form to their campus. All other students, please submit this form via email to: LTSofficers@cqu.edu.au Further queries in relation to your application should also be directed to this email.

HOW TO APPLY
1. The INFORMAL CONSULTATION process MUST be completed prior to making application for a Review of Grade (ROG).
2. While an INFORMAL CONSULTATION may be given for each assessment task, only ONE REVIEW OF GRADE per unit is permitted.
3. To apply, students must complete and submit this form to the Tertiary Education Division within 10 working days of the Certification of Grades.
4. Applications will not be accepted before the Certification of Grades.
6. Failure to complete this form correctly may result in a processing delay.

PERSONAL DETAILS
This section must be completed in full.
Student number

<table>
<thead>
<tr>
<th>Title</th>
<th>Mr</th>
<th>Mrs</th>
<th>Ms</th>
<th>Miss</th>
<th>Dr</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
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<td>Given names</td>
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<td>Postal address</td>
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<tr>
<td>State</td>
<td>Postcode</td>
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<td>Daytime telephone number</td>
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<tr>
<td>Student email address</td>
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</table>

UNIT DETAILS FOR REVIEW OF GRADE
Please complete a new application for each unit.

<table>
<thead>
<tr>
<th>Unit code</th>
<th>Course name</th>
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<tbody>
<tr>
<td>Term and year</td>
<td>Campus</td>
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</table>

Did you have a supplementary exam/assessment or a deferred exam/assessment? Please

| Indicate whether the Informal Consultation process has been undertaken for: |
| Assignment | Exam |

You MUST have undertaken an Informal Consultation process to apply for Review of Grade
Please include details about where, when and with whom the Informal Consultation/s was/were held or the examination script was viewed.

<table>
<thead>
<tr>
<th>Assessment Item (including exam)</th>
<th>Staff member consulted</th>
<th>Date</th>
<th>Method of contact</th>
<th>Original mark awarded (NA for exams)</th>
<th>Outcome</th>
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Final grade awarded for the unit

Continued...
Please clearly state the grounds for the Review of Grade. A Review of Grade will **ONLY** be considered if the student demonstrates that the assessment is inconsistent with the unit objectives, the assessment requirements, or the assessment criteria. For more information see the Review of Grade Procedures found at http://policy.cqu.edu.au/Policy.

**UNIT DETAILS FOR REVIEW OF GRADE**

Please attach further pages if necessary.

Student’s signature

Date   

**IMPORTANT PRIVACY INFORMATION** Personal information is collected, used and stored by CQUniversity to facilitate your studies and related activities. Commonwealth and state departments require certain information about student details and activities to be reported or disclosed by the University. Any other provision of your information will only be as authorised by you or required by law and in accordance with the Information Privacy Act 2009 Qld and the University’s Information Privacy Policy and Procedure.
OFFICE USE ONLY

SECTION A – TO BE COMPLETED BY LEARNING AND TEACHING SERVICES

Date application received: _____ / _____ / _____

CRM/Peoplesoft ID: ____________________________

Has the student undertaken informal consultation?

☐ Yes  ☐ No

Review of grade allowed?

☐ Allowed  ☐ Disallowed (if disallowed go to section c)

Reasons

Please provide a statement as to reasons why this decision was reached, which may be included in a letter sent to the student.

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Signature: ____________________________  Date: _____ / _____ / _____

SECTION B – TO BE COMPLETED BY THE INDEPENDENT MARKER OR LEARNING AND TEACHING SERVICES

Depending on the circumstances, the Office may decide to conduct either of the following processes:

a. A review of any or all of the nominated items of assessment by an independent marker, as managed by Learning and Teaching Services;

b. Resolution by Learning and Teaching Services in consultation with relevant staff and others, exploring and considering all issues raised.

Recommendation

☐ Mark/grade stands  ☐ New mark/grade

Reasons

Please provide a statement as to the decision and the reasons why this decision was reached and include any recommendation for increase or decrease of mark awarded which may be included in a letter sent to the student.

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Signature: ____________________________  Date: _____ / _____ / _____

SECTION C – TO BE COMPLETED BY LEARNING AND TEACHING SERVICES AND CONFIRMED BY THE DEPUTY DEAN (LEARNING AND TEACHING) OR NOMINEE.

<table>
<thead>
<tr>
<th>Assessment Item</th>
<th>Mark before ROG</th>
<th>Mark after ROG</th>
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</thead>
<tbody>
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Signature: ____________________________  Date: _____ / _____ / _____

If new mark/grade awarded, copy of this form submitted to the Grade Processor: ☐

Method and date student notified of outcome: ____________________________

CRICOS Provider Code: 00219C, RTO Code: 40939
Effective 14/12/2016

FM-140006.2