

## APPLICATION FOR REVIEW OF GRADE

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### 1. Instructions

Use this form to apply for a review of grade, using a separate form for each subject you wish to have reviewed. Refer to the [Assessment Regulations](#) - Section 13 Review of Grade. You must attach detailed comments or other evidence in support of your application. Applications without such supporting documentation will not be considered.

**This form should be lodged with Student Administration within 14 days of the date of notification of the grade.**

Each application for a review of a passing grade must be accompanied by the prescribed fee, which is refundable should the decision be other than that the original grade stand. No application fee is payable for a review of a failing grade however all applications received later than 14 days after the Grade Release date, will attract the prescribed late fee (see [Student Fees](#)).

➤ This form can be completed online and attached to an email for submission (if you have paid online) or printed and posted to Student Administration (if you are attaching payment). You can also attach your supporting documentation to that email prior to sending it. This form requires a digital signature and if you haven't used or created one before, please refer to the ["Making a Digital Signature"](#) guide in the [DIT Self-Help Guides](#).

We will acknowledge receipt of your application and advise you of the Faculty decision when it is received. You can also check at [Student Admin Online](#) and [My Degree Planner](#). If you have any queries in the meantime please contact [Student Central](#).

### 2. Your Details

Email: \_\_\_\_\_ Student Number: \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Family Name: \_\_\_\_\_

### 3. Course & Subject Details

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

**Please review the grade awarded in this subject** Session: \_\_\_\_\_ Study Mode: \_\_\_\_\_

Subject Code: \_\_\_\_\_ Subject Name: \_\_\_\_\_ Grade Awarded: \_\_\_\_\_

### 4. Application Details

Please indicate the reason for your request to review the grade in the above subject and **attach detailed comments and evidence in support of your application. Applications received without supporting documents may not be considered.**

1. I claim disadvantage because the Subject coordinator did not provide a subject outline as required by Assessment Regulation 4.
2. I claim disadvantage because the Head of the Teaching School or the Subject Coordinator varied without consultation or in an unreasonable way the assessment requirements as specified in the subject outline.
3. I claim disadvantage because the assessment requirements specified in the subject outline were unreasonably or prejudicially applied to me.
4. I claim disadvantage because due regard was not paid to evidence of illness or misadventure which was submitted during the session to explain poor performance in the subject.
5. I am of the view that a clerical error has occurred in the computation of the grade.

### 5. Payment

[student.csu.edu.au/finances](http://student.csu.edu.au/finances)

I have paid the prescribed fee online to CSU Finance.

Date Paid: \_\_\_\_\_

I have attached the prescribed fee (*money order / cheque made payable to Charles Sturt University*).

### 6. Declaration and Submission

*In submitting this form I declare the information in this application and any documentation supporting it will be correct and complete.*

Student Signature: \_\_\_\_\_

Link to: [How to create a digital signature](#) Your digital signature will prevent later editing of information you entered. If you want to change information after you have signed the form, right-click on the signature panel and clear the signature.

or **Print and Post to:** Student Administration Charles Sturt University Private Bag 8 Bathurst NSW 2795

[www.csu.edu.au](http://www.csu.edu.au)

SA-Enrol-Review Grade-Jan2012

CRICOS Provider Numbers for Charles Sturt University are 00005F (NSW), 01947G (VIC) and 02960B (ACT). ABN: 83 878 708 551

**For completion by School and Faculty**

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**Instructions**

After reviewing the evidence presented by the student, please record your decision and the reasons for it. The form is circulated via email to the School Office who will return the completed form to Student Administration.

**Student Details**

Student Number:

Given Name(s):

Family Name:

**Please review the grade awarded in this subject.**

Session:

Study Mode:

Subject Code:

Subject Name:

Grade Awarded:

**School Assessment Committee Decision**Refer [Assessment Regulation 13.1.13](#)

After consultation with the academic staff the School Assessment Committee has ensured that:

- (a) all components of the assessment have been included in the final grade;
- (b) these components have been added correctly; and
- (c) any other matters raised by the applicant have been addressed.

The School Assessment Committee approves the recommendation of the Teaching School that:

the original grade stands; or

the original grade of \_\_\_\_\_ be varied to \_\_\_\_\_ and the student's current progress status be recorded as \_\_\_\_\_; or

the student be withdrawn from the subject (AW); or

supplementary assessment is required before a final decision is made.

Nature and time of the supplementary assessment:

The above decision is to be recommended to the Faculty Assessment Committee for approval.

**Presiding Officer's  
Signature:**Send to the School Office  
(email) for further action**Faculty Assessment Committee Decision**The academic regulations ([Assessment Regulation 13.1.13](#)) require that this section be completed.

To be conveyed to student by Student Administration. The reasons for this decision are:

**Dean / Delegated Officer  
Signature:**Send to the School Office  
(email) for further action