

Re-mark Request Form

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

Requests must be made within 3 – 5 calendar days of the assessment results release. For assignments, your application for a re-mark must demonstrate equivalence between your submitted response and the required answer as communicated by the Student Answer Guide. For examinations, you will be required to book an examination viewing prior to completing this request. Please keep your requests factual and objective and utilise direct quotation from your paper and the Criteria Based Marking Guide where possible. Justification for a re-mark should be based on the assessable content of the assessment item.

PERSONAL DETAILS			
Title: Dr /Mr /Mrs /Ms /N	Miss /Other (please specify):	Student ID:	
First Name(s):		Last Name:	
Email:			
Phone: (H)		(W)	(M)
SUBJECT INFORMATIO	DN .		
Subject Number:	Subject Name:		Study Period/Year:
Please provide your justi with this form).	fication for requesting a re-mark (plea	ase complete your justifica	tion on a separate document and submit it together
STUDENT DECLARATIO	N		
	at only one re-mark per assessment		t. All other marked assessments will be provided by sed on this re-mark my result may change and this
Signature:			Date:
	k changes as a result of re-mark.	without notice. GST is inc	luded where applicable. Re-mark fees are refunded assessments \$A60
	t: We take your privacy seriously – Kap f you wish to make a payment by cre		dit card details via email or in a word/pdf ow you would like to pay below.
We will contact you once	e your invoice is ready to arrange pay	ment over the phone or vi	a your secure online student portal.
I wish to pay by \square N	AasterCard □ Visa □ AMEX (Ad	lditional 2.5% surcharge)	
☐ Pay online	Kaplan will email you a copy of your invoice once it is ready to pay online via your student portal.		
☐ Pay over the phone	Kaplan will call once your invoice is ready to pay. If the person Kaplan needs to contact is not you, please provide their name and the best contact number to reach them below.		
Contact name			Contact number
Total payment	\$		
Return this form to the Ka		ecy Policy published on c	eur website. EMAIL studentadvice@kaplan.edu.au

APPLICATION ASSISTANCE:

Contact your Student Adviser or call 1300 135 798 (+612 8248 7611)