

# Higher Education Supplementary Assessment Application Form



Only complete this form after you have read the Supplementary Assessment Fact Sheet - and you believe that a supplementary assessment is required on grounds specified in the eligibility requirements

## STUDENT INFORMATION

Surname	Given Name/s	Student No

## UNIT INFORMATION

Unit Code		Unit Name	
Course Code		Campus	
Educators Name			

## GROUND FOR SUPPLEMENTARY ASSESSMENT APPLICATION

*Please state your reason for requesting a supplementary assessment and attach supporting information/evidence as required. Please ensure you have read the related Fact Sheet and you meet the eligibility criteria*

## PRIVACY NOTICE & APPLICANT DECLARATION

TAFE Queensland is collecting your personal information on this form for the purpose of managing your supplementary assessment application in your course. In accordance with the *Information Privacy Act 2009* (Qld), your personal information will only be accessed by staff employed by or on behalf of TAFE Queensland for this purpose.

TAFE Queensland handles your personal information in accordance with our Privacy Policy (which you can view here: <https://tafeqld.edu.au/privacy>). Your information will not be provided to any other person or agency unless you have provided TAFE Queensland with permission or as otherwise outlined in the TAFE Queensland Privacy Policy or where disclosure is permitted or required by law. Your information will be stored securely. If you wish to access or correct any of your information, discuss how it has been managed or have a concern or complaint about the way the information has been collected, used, stored, or disclosed, please contact the TAFE Queensland Privacy Officer at [privacy@tafeqld.edu.au](mailto:privacy@tafeqld.edu.au).

If under the age of 18 years, this application must be signed by a parent/guardian.

Student Signature		Date	
Parent/Guardian's name (If student is under 18 years)			
Parent/Guardian's Signature (If student is under 18 years)		Date	

## QUESTIONS & LODGING INSTRUCTIONS

Please contact the higher education administration officer at the campus where your course of study is delivered. This application form and any documentary evidence may be lodged in person to the higher education administration officer at the TAFE Queensland campus at which the course is delivered or by email to [Highered@tafeqld.edu.au](mailto:Highered@tafeqld.edu.au).

## NOTIFICATION OF OUTCOME

Once request has been submitted, it is directed to the Course Coordinator and the Dean Higher Education for review. A final decision is then made by the Dean Higher Education. You can normally expect a decision via email, within 7 working days.

**END**

### OFFICE USE ONLY – not for student distribution (Student to be notified within 7 working days of the reviewed decision)

Date application received:	
Date processed:	Processed by:
Student number:	
Student name:	
Supporting information:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of assessment:	<input type="checkbox"/> Exam <input type="checkbox"/> Other
Date student notified of decision:	
Administrator's name:	
Signature:	
Date:	

## APPROVALS

### COURSE COORDINATOR RECOMMENDATION

Eligibility Criteria Met	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Recommendation</b>	<input type="checkbox"/> Approve <input type="checkbox"/> Decline
Approval for supplementary assessment should only be given where the Course Coordinator believes that, taking into account a student's academic record and circumstances, providing the student with a second chance to pass the unit is warranted.	Reason as to why the request should be supported where the eligibility criteria has NOT been met:
Date:	Signature:

### DEAN HIGHER EDUCATION DECISION

Decision	<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved
Note/Comment on determination	
<i>Reasons for "NOT approved" decision must be recorded to provide appropriate justification to the student upon request or appeal.</i>	
Date:	Signature: