



ZENITH INNOVATION INSTITUTE
UNPARALLELED EXCELLENCE

Review of assessment form

Date			
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Student Details			
Name		Student ID	
Phone number		Email address	dean@zenithedu.com.au
Enrolled in course			
Subject relating to the request			
1. [insert]			
2. [insert]			
Students are encouraged, wherever possible, to resolve concerns or difficulties directly with their Lecturer.			
Have you discussed your concern(s) with the Lecturer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If not, please provide a reason:	
[insert]			
Description of reason for review			
[insert]			
Attached supporting documentation			
1. [insert]			
2. [insert]			
Declaration			
I have read and understood the Institute's <i>Assessment Review Policy and Procedure</i> and have completed this form in accordance with the requirements of the Policy. The information I provided in support of my review is true, accurate and complete.			



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Signature	
Name	
Signature	
Other avenues	
If you are dissatisfied with the outcome of the review process, please consult the <i>Student Grievances Policy and Procedure</i> and the <i>Student Appeals Policy and Procedure</i> for internal and external appeals options.	