



Windsor Institute of Commerce Pty Ltd

RE-ASSESSMENT FORM

Students are only permitted to undertake two re-assessments per application

Student ID:		
Student Name:		
Course:		
Date of Application:		
Module:		
Start Date:		
Finish Date:		
Unit to be re-assessed:		
Previous Result:		
Competency Units:	Unit Code	Competency name

Approved by Academic Manager

Signature: _____

Student signature: _____

OFFICE USE ONLY		
Application for re-assessment fee paid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not then please specify the reason: _____		
Signature _____		

Reassessment Approved: YES NO

Signature: _____

Date of re-assessment: _____ Time: _____

Assessor: _____ Result of re-assessment: _____

Signature of Academic Manager _____

Please note: The copy of this form should be collected from the student and must be kept in the student file as evidence.