



**Re-assessment Form**

- Re-assessment Fee is \$100 per unit of competency
- Please note that there is **no refund** provided for re-assessment fees

Student Details:	
Student ID:	Course:
Family Name:	Given Names:
Contact Phone Number:	Email:
Address:	
Student Signature:	Date:

**OFFICE USE ONLY**

**Step 1: Director of Studies**

Reassessment Approved by Director of Studies: Yes  No

Subject Name	Unit Code	Unit Name

Assessor Name	Assessment Date	Assessment Time

Director of Studies Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 2: Finance**

Payment Approved by Finance Officer Yes  No

Re-assessment fee paid- \$100/per Unit of Competency

Number of unit/s	Total payment Received
	\$

Finance Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3: Assessor**

Assessment Date	Unit Code	Result	Comments

Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The copy of this form must be kept in the student file for future reference**