

RE-ASSESSMENT/RE-SUBMISSION FORM

Student Name: _____ Student ID Number: _____

Course _____

S.N.	Unit of Competency Code	Unit of Competency Name	Number of Assessments	Cost(\$)
1				
2				
3				
4				
Total Cost				

Student Declaration: I have understood, acknowledged and agreed to undertake the reassessments for the listed units as above. I also understand that I have to submit all assessments (listed above) within 10 working days from the date of approval of re-assessment.

Student Signature: _____ Date: _____

Accounts Officer Name: _____ Account Officer Signature: _____ Date: _____

Academic Manager Name: _____ Academic Manager Signature: _____ Date: _____

RE-ASSESSMENT PAYMENT RECEIPT:

It is student's responsibility to keep this receipt as a proof of payment of re-assessment

Student Name:		Student ID:	
Unit/Subject Code:			
Staff Name & Signature:		Date:.	