

Application for FORMAL REVIEW under the Student Appeals Policy

This form should be completed when a student wishes to apply for a formal review of a decision under the *Student Appeals Policy*. Students should read the *Summary Advice on Student Appeals – Students* as well as the *Student Appeals Policy* and *Student Appeals Procedures* before lodging this application. See https://policies.acu.edu.au/student_policies/student_appeals_policy

The completed RV form should be lodged with the School office (or equivalent) within 20 working days of notification of the decision on which this application for review is lodged.

Received/...../.....
 Office use only

Section A Personal Details

Student ID

Family Name

Given Name(s)

Course Campus

Address

Telephone: Daytime..... Mobile

Student email address

Section B Grounds for Review

A decision can only be reviewed on the following grounds. Please select *at least one* of the criteria below:

- There has been a failure to adhere to the following University regulation, rule or policy
name of regulation, rule or policy
- A penalty has been imposed which is inconsistent with the penalties available under the relevant University regulation, rule or policy
- I am seeking a review of a mark, grade or result on the following grounds:
 - There is a calculation error in my mark/grade/final result
 - The Unit Outline was not prepared in accordance with the Assessment Policy
 - My application for extension, deferred exam or special consideration was not given appropriate consideration
 - I have been disadvantaged by the way an assessment task has been conducted
 - The assessment and/or feedback provisions of the Unit Outline have not been followed

Failure to identify the grounds for review may mean that your application is unlikely to be successful

Section C Subject Matter of Application

Where the subject matter of the review relates to a unit, please indicate:

Unit Code.....Unit Title

Name of Lecturer in Charge

For all requests for review:

Name of position/person whose decision is the subject of this review:

Date of that decision:

Date of informal consultation (if any):

Outcome of informal consultation (if any):

Provide an explanation of the matter for formal review, documenting the case fully and attaching an additional sheet if necessary. If the application is being lodged after 20 working days of the notification of a decision, evidence of any compassionate or compelling circumstances that led to the delay is also required. All supporting documentary evidence must also be attached (please only submit copies, not originals, of relevant evidence).

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Section D Student Declaration

I have read and understood the requirements of the *Student Appeals Policy* and of any regulation or policy relevant to this request for formal review of a decision.

I declare that the matter for which I am seeking a review is not currently being, or has in the past been investigated and concluded under the Student Appeals Policy, Student Complaints Policy or the Student Conduct and Discipline Policy.

I declare that the information provided by me on this form is true and correct. I also agree to the release of personal information about me for the purpose of processing this application.

Student signature Date

Reviewing Officer Report *(attach additional sheet if required)*

Process undertaken to consider the application for review

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Recommended decision on the application for review Uphold Reject

Reasons for the recommended decision

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Recommended penalty imposed and/or any conditions thereon

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Reviewing Officer

Name Position.....

Signature Date.....

Senior Officer Determination *(attach additional sheet if required)*

Decision on the application for review Upheld Rejected

Reasons for the decision

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Penalty imposed and/or any conditions thereon

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Notification of outcome

Student Manager, Enrolments and Scholarships
Date of written notification of outcome to student

Other officers to whom a copy of the notification of outcome was provided:

- Executive Dean or Director Lecturer in Charge
- Head of School or Manager of Administrative Unit ACU International (in case of International students)
- Course Coordinator Other (please specify).....

Senior Officer

Name Position.....

Signature Date.....