Gold Coast Training College RTO 40816 Request for Assessment Re-Evaluation

As per the Gold Coast Training College Assessment Policy students may submit a written application requesting re-evaluation of an assessment result.

Instructions for the student:

- Please take this form to the College within 10 days of notification of your final assessment result.
- If you are still dissatisfied with the decision of this re-evaluation process, you will have a further right to appeal. Refer to the Gold Coast Training College Assessment Policy

Student Name:	Studen	Student No:				Region / Campus:		
Email Address			Contact Phone		No.			
Qualification Code and Name			Unit Code and Name					
Teacher/Assessor's Name			Date notification of assessment:					
Reason/s for requesting re-evaluation:								
	-							
Student's Signature:			Date:					
			1 1					
Re-evaluation (Student to be notified within 7 days of the re-evaluation decision)								
Name of Assessor undertaken re-evaluation:			tile re-evalu		Re-evaluatio	n:		
Result amended:		Amended	Result:	PLA Co	de: (if applicat	ble)	Semest	er/Year:
No (Advise student in writing within 7 days)	Yes (Process Amended Result Request form. Refer student for refund)							
Assessor's Feedback (if no change to result)								
Assessor's Signature:			Date:					
Education Manager's Signature:			Date:					
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Admin Use Only								
Result Amended and entered into VEttrak:				☐ Yes	□No		/	/
Student Notified in writing of	outcome:			☐ Yes	☐ No		/	1
Name:	Sign	nature:			Da	ite:		