

REQUEST FOR SUPPLEMENTARY ASSESSMENT

Supplementary Assessment is granted in accordance with <u>Assessment Procedures</u>. Requests for Supplementary Assessment should be submitted <u>online via mySI-net</u>. This form should <u>only</u> be used in the following circumstances:

- Where the grade for the course was finalised after the date of official release of grades; or
- If you are enrolled in UQ College; or
- The program requirements (at the time of admission to the program) included additional provision for supplementary assessment

Requests must be submitted by email to the relevant <u>Faculty</u> that administers the program, and **no later than four (4) calendar days** after the release of the final grade for the course. Students should refer to information available on <u>my.UQ</u>. Please check the course profile of the course for which you are applying as not all courses have provision for supplementary assessment. Once submitted, a supplementary assessment request cannot be rescinded by the student.

STUDENT NUMBER	0	0	0	0	0	0	0	0				
Name	[Title	e, Last	Name,	Given	Name	e(s)]	ı					
FACULTY												
PROGRAM												
I am requesting supplem						_			, ,			
My course grade				the o	fficial	releas	se da	te of	grades; or			
I am enrolled at U The program requ		•		ne of n	ny adr	nissio	n to tl	ne pro	ogram) included	additional pro	ovision for	
supplementary as	sessm	ent.						·	,			
Course(s) and Program	(s) in	whic	:h Sup	plen	nenta	ry As	sess	smen	it are requeste	ed:		
J				Course Code: e.g. PUBH1102				*Apply Alternative Exam Arrangements				
c.g. Bachelor of Oral Freal	117 (110	113)		c.g.	7 00	111102	_		(Yes / No)			
* Only for students with alternati	ive exan	n arran	gements	(AEAs). Plea	se indic	cate wh	ether A	AEAs should be app	lied to your sup	plementary exam	
				SIGNATU			IGNATI	URE		DATE		
APPLICANT												
The information on this form is Information on this form may be information you provide will no For further information please management	e discl t be dis	osed to	o releva d to a th	int bod ird par	lies for ty with	the as	ssessr ur con	nent a sent u	nd verification of t inless disclosure is	he application s authorised o	i. Otherwise, the or required by lav	
FOR OFFICE USE ONLY									Other Cunniame	entary Association	Unit value	
DECISION ON THIS REQUEST:									Other Supplementary Assessment approved for the semester:			
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APPROVED course/s		of Ass	essmen er)	t					NOT Approved			
APPROVED course/s				t					NOT Approved			
APPROVED course/s APPROVAL AUTHORITY				t							Dire	
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