

**REQUEST FOR SUPPLEMENTARY ASSESSMENT**

Supplementary Assessment is granted in accordance with [PPL 3.10.02 *Assessment Procedures*](https://ppl.app.uq.edu.au/content/3.10.02-assessment#Procedures). Requests for Supplementary Assessment should be submitted online via mySI-net. This form should only 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 [Faculty](https://www.uq.edu.au/departments/) 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 [my.UQ](https://my.uq.edu.au/information-and-services/manage-my-program/exams-and-assessment/supplementary-assessment). 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 Once submitted, a supplementary assessment request cannot be rescinded by the student.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Number | . | . | . | . | . | . | . | . |  |
| Name | [Title, Last Name, Given Name(s)] Click here to enter text. |
| Faculty | Click here to enter text. |
| Program | Click here to enter text. |

I am requesting supplementary assessment as I have gained a grade of 3 (or N):

[ ]  My course grade was finalised after the official release date of grades; or

[ ]  I am enrolled at UQ College; or

[ ]  The program requirements (at the time of my admission to the program) included additional provision for supplementary assessment.

**Course(s) and Program(s) in which Supplementary Assessment are requested:**

|  |  |
| --- | --- |
| Program Name:*e.g. Bachelor of Oral Health (Hons)* | Course Code: *e.g. PUBH1102* |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
|  | Signature | Date |
| Applicant | Click here to enter text. | Click to enter date. |

The information on this form is collected for the primary purpose of assessing your application for supplementary assessment. Information on this form may be disclosed to relevant bodies for the assessment and verification of the application. Otherwise, the information you provide will not be disclosed to a third party without your consent unless disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at: <http://ppl.app.uq.edu.au/content/1.60.02-privacy-management>

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| **FOR OFFICE USE ONLY**DECISION ON THIS REQUEST: | Other Supplementary Assessment approved for the semester: | Unit valueText |
|  |  |  |
| **APPROVED** course/s | **Type of Assessment**(Exam / Other) |  | **NOT Approved** |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |

**Approval Authority**

|  |  |  |
| --- | --- | --- |
|  | Signature | Date |
| Associate Dean Academic |  |  |
| NOTE/COMMENT ON RULING |  |  |
| DETAILS POSTED TO SI-net |  |  |