Review of Assessment Form

Date:	

Student Details			
Name:		**Student ID:**	
Phone number:		**Email address:**	admin@nexusedu.au
Enrolled in Course:			

Subject relating to the request:
[***insert***]
[***insert***]

Students are encouraged, wherever possible, to resolve concerns or difficulties directly with their Lecturer.

Have you discussed your concern(s) with the Lecturer?	☐ Yes	☐ No If not, please provide a reason:
[***insert***]		

Nexus Institute of Higher Education Pty Ltd
Trading as
Nexus Institute
Ph: 1-800-766-459 | Email: info@nexusedu.au
Address: Level 5 North Tower, 1/5 Railway St, Chatswood NSW 2067
CRICOS Provider No: XXXXX | TEQSA Provider No: PRV14414 | ABN: 71 666 816 039

Description of reason for review
[***insert***]

Attached supporting documentation
1. [***insert***] 2. [***insert***]

Declaration
I have read and understood the Institute's *Assessment Policy* and have completed this form in accordance with the requirements of the Policy. The information I provided in support of my review is true, accurate and complete.

Signature	
Name:	
Signature:	

Other avenues
If you are dissatisfied with the outcome of the review process, please consult the Student Complaints and Appeals (Includes Grievance)for internal and external appeals options.

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