Fxam and Assessment Recheck Report

Local Resolution		* NE *	
This form is a record of a resolve a matter, primarily,	io		
Student ID			SWINBURNE UNIVERSITY OF TECHNOLOGY
Name of Student			720111 (020 01
Study Period and Year			
Unit Code			
Unit Title			

Unit	Title							
This	may include, but no	t necessarily require (tick ☑ if completed):						
	Checking the marks	for the assessment						
	Reviewing attendar	nce and submission records						
	Allowing student to	review the exam paper						
	Discussing the mark	king criteria						
	opinion that the stumisinterpretation h	ssment items other than examinations - If the convenor, or the academic, is of the that the student has valid grounds for misinterpreting what was required and this pretation has led to a lower mark than may have been expected, the student will be to submit or resubmit a section of the assignment.						
	lemic's or Convenor'							
Signa	ature		Date					
Stud	ent's comments:							
Stud	ent's signature		Date					

NOTE: This form is not an application for reassessment.

Students who are dissatisfied with the outcome of this local resolution may submit a formal complaint via the complaint and feedback form available on Swinburne Sarawak website, and provide evidence to support the request (Exam and Assessment Recheck Report). Students have twenty-one (21) working days to request for a re-assessment <u>after the local resolution outcome is notified</u> for the assessed semester. In exceptional circumstances, the University may allow a longer period. Refer to the Complaints Management Guidelines at http://www.swinburne.edu.au/corporate/feedback/complaints-management.html

As evidence that local resolution has been completed, STUDENT please return this form to CRAM: cram@swinburne.edu.my in order for us to process your application for reassessment (if any).