

SIIT Reassessment/Review Request Form

Please refer to SIIT Assessment Progress Policy and Procedure and Fees and Charges for further details.

Student Details		
Student Name:		Student ID: _____
Course Name:		
Information in Australia		
Address:		
Contact No:		Email: _____
Course Details		
Unit Code and Title		
Assessment Title		
Name of Trainer/Assessor		
Reason for Reassessment/Review		
Detailed Reason		
Student Declaration:		
I hereby declare that all the information and documents provided are true and genuine. <ul style="list-style-type: none"> • Documents attached: • Copies of all relevant documents; • A payment is compulsory; (Payment amount should be specified in comments below) 		
Student's Signature: _____ Date: _____		
For Office Use Only		
Received by:	(SIIT Officer's Signature)	Date: _____
Fee Received?	(SIIT Officer's Signature)	Date: _____
Received by Assessor	(Assessor's signature)	Date: _____
Assessor's decision	<i>Student's review has been successful and student has been assessed as competent in this assessment.</i>	<i>Student's review has not been successful. Further action is required with details as below.</i>
Was the student notified of the outcome by letter or e-mail?	Yes	No
Have the documents been filed in the student's assessment folder?	Yes	No
Actioned and filed by	(SIIT Officer's Signature)	Date: _____