

# Re-mark Request Form

MASTER OF APPLIED FINANCE  
GRADUATE DIPLOMA OF APPLIED FINANCE  
GRADUATE DIPLOMA OF FINANCIAL PLANNING  
GRADUATE CERTIFICATE IN APPLIED FINANCE



[www.kaplanprofessional.edu.au](http://www.kaplanprofessional.edu.au)

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

## PERSONAL DETAILS

Title: Dr/Mr/Mrs/Ms/Miss/Other: \_\_\_\_\_

Personal ID: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name(s): \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## SUBJECT INFORMATION

Subject Number: \_\_\_\_\_ Subject Name: \_\_\_\_\_ Trimester/year: \_\_\_\_\_

Justification for requesting re-mark: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STUDENT DECLARATION

If a hard copy assignment, I have attached the original marked copy of the assessment. All other marked assessments will be provided by Kaplan. I understand that only one re-mark per assessment is permitted and that based on this re-mark my result may change and this will be my final result for this assessment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For further information regarding the Kaplan Professional assessment policy please refer to the website [www.kaplanprofessional.edu.au](http://www.kaplanprofessional.edu.au).

## PAYMENT DETAILS

Payment is due on application. All fees are subject to change without notice. GST is included where applicable.

Re-mark fee **AUD \$150**  Manual re-mark fee for 100% multiple choice exams **AUD \$50**

**Cheque** Please make cheque payable to **KAPLAN**. Cheque No \_\_\_\_\_

**Credit card:**  Mastercard  Visa

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

**PRIVACY** – We recommend that you read Kaplan’s Privacy Policy published on our website [www.kaplanprofessional.edu.au](http://www.kaplanprofessional.edu.au).

## KAPLAN PROFESSIONAL USE ONLY:

First Marker: \_\_\_\_\_ Mark: \_\_\_\_\_

Approved for:  Re-mark  Review of marks Date: \_\_\_\_\_

Second Marker: \_\_\_\_\_ Date sent: \_\_\_\_\_ Mark: \_\_\_\_\_

Ratified Mark: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_ Sonics updated:

Student notified of result: \_\_\_\_\_

Return this form to the Kaplan Professional office in your State via:

**MAIL** GPO Box 9995 IN YOUR CLOSEST KAPLAN OFFICE

**FAX** NSW/ACT: 02 9908 0250 VIC/TAS: 03 9626 4571 QLD: 07 3229 9261

SA/NT: 02 9908 0250 WA: 08 6267 7950 International: +612 9908 0250

Application Assistance: 1300 135 798