Re-mark Request Form

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

Requests must be made within five (5) working days of the assessment results release. For assignments, your application for a re-mark must demonstrate equivalence between your submitted response and the required answer as communicated by the Student Answer Guide. For examinations, you will be required to book an examination viewing prior to completing this request. Please keep your requests factual and objective, and utilise direct quotation from your paper and the Student Answer Guide where possible. Justification for a re-mark should be based on the assessable content of the assessment piece.

PERSONAL DETAILS

Title: Dr/Mr/Mrs/Ms/Miss/Other (please specify): Personal ID:
First Name(s):
Last Name:
Email:
Phone: (H) (W) (M)

SUBJECT INFORMATION

Subject Number:
Subject Name:
Trimester/year:

Please provide your justification for requesting a re-mark (please complete your justification on a separate document and submit it together with this form).

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:

PAYMENT DETAILS

Payment is due on application. All fees are subject to change without notice. GST is included where applicable. Re-mark fees are refunded when an assessment mark changes as a result of re-mark or if the overall grade of a subject is fail.

☐ Re-mark fee $A150  ☐ Manual re-mark fee for 100% multiple choice exams $A50

☐ Cheque: Please make cheque payable to Kaplan Professional.
Cheque No. __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

☐ Credit card:  ☐ Mastercard  ☐ Visa  ☐ AMEX (2.5% surcharge applies)
Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ CVV Number: __ __ __ __ Expiry Date: ___ ___ / ___ ___
Cardholder Name:  Cardholder Signature:

PRIVACY — We recommend that you read Kaplan’s Privacy Policy published on our website.

Return this form to the Kaplan office via:
MAIL: Kaplan Professional
FAX: +612 9908 0250
EMAIL: studentadvice@kaplan.edu.au
Re-mark Request Application
GPO Box 9995, Sydney NSW 2001

APPLICATION ASSISTANCE

Contact your Student Adviser or call 1300 135 798 (+612 8248 7611).