

Re-mark Request Form

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

Requests must be made within 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.

- 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 payment:** We take your privacy seriously – Kaplan is unable to accept credit card details via email or in a word/pdf document format. If you wish to make a payment by credit card, please indicate how you would like to pay below.

We will contact you once your invoice is ready to arrange payment over the phone or via your secure online student portal.

I wish to pay by MasterCard Visa AMEX (Additional 2.5% surcharge)

<input type="checkbox"/> Pay online	Kaplan will email you a copy of your invoice once it is ready to pay online via your student portal.		
<input type="checkbox"/> Pay over the phone	Kaplan will call once your invoice is ready to pay. If the person Kaplan needs to contact is not you, please provide their name and the best contact number to reach them below.		
Contact name	_____	Contact number	_____
Total payment	\$ _____		

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
Level 4, 45 Clarence Street, Sydney NSW 2000

EMAIL studentadvice@kaplan.edu.au

APPLICATION ASSISTANCE:

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