

Instructions

This form is for coursework students who have received a Fail grade for the last course required to complete their program and wish to apply for an Additional Assessment.

Before submitting this form, ensure you have:

- ✓ Read the [Modified Arrangements for Coursework Assessment Policy](#)
- ✓ Completed the form in full as incomplete applications will be rejected.
- ✓ Read, Signed and dated the Student Declaration

Section 1: Personal Details

ID Number		Phone	
Family Name		Other Name(s)	
University email			
Name of program enrolled in at University of Adelaide			
Semester	Subject Area and Cat No	Name of Course	Date of Examination

Section 2: STUDENT DECLARATION

I declare that:

- I received a Fail grade in the Last Course required to complete my program.
- I have not received a Fail grade as a result of a breach of the Academic Honesty Policy.
- I have met all attendance requirements of the course.
- I have completed all specified mandated assessment tasks.
- I have not already sat a Replacement Examination for this course.
- I am not eligible for a Replacement Examination or Assessment Extension.
- The evidence given in support of this application is accurate, true and complete.
- I understand that submitting false or misleading information may result in being referred to the Student Misconduct Tribunal and/or my enrolment being cancelled.
- I acknowledge that incomplete information may result in this application being rejected.
- I have read and understood the [Modified Arrangements for Coursework Assessment Policy](#).

Signature: Date:
DD / MM / YEAR

Section 3: FORM SUBMISSION

Please submit the completed form to the relevant area as indicated below:

ABLE Student Success Team	professions@ask.adelaide.edu.au arts@adelaide.edu.au
HMS Student Success Team	askhealthsc@adelaide.edu.au
SET Student Success Team	askecms@adelaide.edu.au setstudentero@adelaide.edu.au

UNIVERSITY USE ONLY

Approved

More information requested

Rejected

Notes

i.e. reason for rejection / date more information requested

Signature: Date:
DD / MM / YEAR

ACTION	DATE	COMMENT
Received by Faculty		
Entered on PeopleSoft		
Applicant Notified		
Saved to HPRM		