

REVIEW OF GRADE FORM

HOW TO APPLY

- Before submitting this form please read the **Awarding of Grades Policy and Procedure** and the **Assessment Policy** published on IGI's website <https://www.igi.edu.au/students/policies-and-procedures/>.
- Complete and email this form to support@igi.edu.au within 5 working days of publication of final grades.
- Please attach evidence to support your request (if applicable).
- Students will be notified by email of the outcome of their review of grade request.

STUDENT DETAILS:

Student number: _____ Student name: _____

Phone: _____ E-mail: _____

COURSE:

- | | |
|--|--|
| <input type="checkbox"/> Bachelor of Business Management | <input type="checkbox"/> Bachelor of Digital Marketing |
| <input type="checkbox"/> Associate Degree of Business Management | <input type="checkbox"/> Bachelor of Entrepreneurship and Innovation |
| <input type="checkbox"/> Diploma of Business Management | |

REVIEW OF GRADE REQUEST

Unit code: _____ Unit name: _____

Grade: _____

Reasons for requesting a review of grade (please use additional sheet if required):

What is the outcome you are hoping to achieve from this review of grade?

Do you have any evidence to support your review request? ☐ Yes ☐ No

If yes, please list the evidence provided:

STUDENT DECLARATION

- ☐ I declare that the information provided by me on this form is true and correct.
- ☐ I have read and understood the **Awarding of Grades Policy and Procedure** and the **Assessment Policy** published on IGI's website.
- ☐ I agree and give my permission to IGI to the release of personal information for the purpose of resolving this appeal.

Student's Signature: _____ **Date:** _____

IGI USE ONLY**APPEAL RECEIVED****Evidence provided:** ☐ Yes ☐ No **Date Received:** _____

Notes: _____

Approved By:**Name** _____ **Position:** _____**Signature:** _____ **Date:** _____**Student advised in writing:** ☐ YES **Recorded on student file:** ☐ YES