**RV**

**Application for FORMAL REVIEW under the Student Appeals Policy**

|  |
| --- |
| **This form should be completed when a student wishes to apply for a formal review of a decision under the *Student Appeals Policy*. Students should read the** [**student appeals resources**](https://www.studentportal.acu.edu.au/about-acu/acf/review-and-appeals) **on the Student Portal as well as the *Student Appeals* *Policy* and *Procedures* before lodging this application.** See <https://policy.acu.edu.au/document/view.php?id=220> and <https://policy.acu.edu.au/document/view.php?id=224> **The completed RV form should be lodged by email within 20 working days of notification of the decision on which this application for review is lodged. Lodgement email addresses are available from the Associated Information tab in the *Student Appeals Policy*** <https://policy.acu.edu.au/document/view.php?id=220> |

|  |
| --- |
| **Received**  **/** **/** *Office use only* |

**Section A Personal details**

|  |  |
| --- | --- |
| Student ID |   |

|  |  |
| --- | --- |
| Family Name  |   |

|  |  |
| --- | --- |
| Given Name(s) |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Course |   | Campus |   |

|  |  |
| --- | --- |
| Contact phone |   |

|  |  |
| --- | --- |
| Your ACU email  |   |

**Section B Grounds for review**

**A decision can only be reviewed on the following grounds. Please select *at least one* of the criteria below:**

|  |  |
| --- | --- |
| [ ]  | There has been a failure to adhere to the following University regulation or policy |
|  | *name of regulation or policy*  |   |
| [ ]  | A penalty has been imposed which is inconsistent with the relevant University regulation or policy |
| [ ]  | New information is available that was not available to the student or decision maker at the time of the decision |
| [ ]  | I am seeking a review of a mark, grade or result on the following grounds: |
| [ ]  | An administration error has occured in the determination or calculation of my mark/grade/final result |
| [ ]  | The Unit Outline was not prepared and/or made available in accordance with the Assessment Policy |
| [ ]  | My application for extension, deferred exam or special consideration was not given appropriate consideration |
| [ ]  | I experienced technical barriers that were outside of my control |
| [ ]  | I have been disadvantaged by the variation of an assessment task or the assessment criteria |
| [ ]  | My performance was affected by the absence of, or inadequate relevant feedback on a prior assessment |

***Failure to identify the grounds for review may mean that your application is unlikely to be successful***

**Section C Subject matter of application**

**Where the subject matter of the review relates to a unit, please indicate:**

|  |  |  |  |
| --- | --- | --- | --- |
| Unit Code |   | Unit Title |   |

|  |  |
| --- | --- |
| Name of Lecturer in Charge |   |

**For all requests for review:**

|  |  |
| --- | --- |
| Name of position/person whose decision is the subject of this review |   |

|  |  |
| --- | --- |
| Date of that decision |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you attempted to resolve the matter informally? | [ ]  Yes [ ]  No | Date  |   |

|  |  |
| --- | --- |
| Outcome of informal consultation *(if any)* |   |

Provide an explanation of the matter for formal review, documenting the case fully. If the application is being lodged after 20 working days of the notification of a decision, evidence of any compassionate or compelling circumstances that led to the delay is also required. All supporting documentary evidence must also be attached (please only submit copies, not originals, of relevant evidence).

|  |
| --- |
|   |

**Section D Student declaration**

|  |  |
| --- | --- |
| [ ]   | I have read and understood the requirements of the *Student Appeals Policy* and of any regulation or policy relevant to this request for formal review of a decision. |
| [ ]  | I declare that the matter for which I am seeking a review is not currently being, or has in the past been investigated and concluded under the Student Appeals Policy, Student Complaints Policy or the Student Conduct Policy. |
| [ ]  | I declare that the information provided by me on this form is true and correct. I also agree to the release of personal information about me for the purpose of processing this application. |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature | *Not required if form is submitted from an ACU student email address* | Date |   |

**Section E Decision – OFFICE USE ONLY**

**Preliminary assessment outcome (optional)**

**The application for review is** [ ]  Complete [ ]  Incomplete

**Details of incomplete information** (where the application is assessed as incomplete)

|  |
| --- |
|   |

**Process undertaken to obtain further information/documentation** (where the application is assessed as incomplete)

|  |
| --- |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommended action** | [ ] Refer to Reviewing Officer for review | Name |   |
|  | [ ]  Recommend dismissal to Senior Officer | Name |   |

**Receiving officer**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |   | Position |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |   | Date |   |

**Reviewing Officer Report**

**Process undertaken to consider the application for review**

|  |
| --- |
|   |

**Recommended decision on the application for review**[ ]  Uphold [ ]  Uphold in part [ ]  Dismiss

**Reasons for the recommended decision**

|  |
| --- |
|   |

**Recommended penalty imposed and/or any conditions thereon**

|  |
| --- |
|   |

**Reviewing Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |   | Position |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |   | Date |   |

**Senior Officer Determination**

**Decision to dismiss as incomplete** [ ]  Refer to Reviewing Officer for review [ ]  Dismiss

**Decision on the application for review** [ ]  Uphold [ ]  Uphold in part [ ]  Dismiss

**Reasons for the decision**

|  |
| --- |
|   |

**Penalty imposed and/or any conditions thereon**

|  |
| --- |
|   |

**Notification of outcome**

|  |  |  |
| --- | --- | --- |
| [ ]  Student | Date of written notification of outcome to student |   |
| [ ]  Manager, Enrolments and Student Records | [ ]  Lecturer in Charge |

Other officers to whom a copy of the notification of outcome was provided:

|  |  |
| --- | --- |
| [ ]  Executive Dean or Director | [ ]  Lecturer in Charge |
| [ ]  Head of School or Manager of Administrative Unit | [ ]  Global Engagement (in case of International students) |
| [ ]  Course Coordinator | [ ]  Other (please specify) |   |

**Senior Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |   | Position |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |   | Date |   |