PACIFIC COLLEGE SYDNEY
RTO: 41244 | CRICOS: 04146E

Reassessment Request Form	
Student First Name:	
Student Surname:	
Student ID:	
Qualification:	
Unit(s):	
Reason for Reassessment	
Attach medical certificate, evidence of special consideration, or other supporting documents.	
Supporting Information (if applicable)	
Student Declaration	
I request to be considered for reassessment in the above Unit(s). I understand that: • *Approval is subject to review by the Academic Manager.* • *The reassessment must be completed within the timeframe set.* • *No additional training support will be provided beyond the CoE end date.*	
Student Signature:	
Date:	
For Office Use Only	
Date of Received:	
Received By:	
Assistant and/or Academic Manager Review	
Attendance record reviewed:	☐Yes ☐No
Course performance reviewed:	☐Yes ☐No
Reassessment Approved:	☐Yes ☐No
Timeframe for Completion:	
Comments:	
A. / Academic Manager Name:	
Signature:	
Date:	