

RE-ASSESSMENT FORM

Student Name: _____ Student ID Number: _____

Course _____

S.N.	Unit of Competency Code	Unit of Competency Name	Number of Assessments	Cost(\$)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total Cost				

Student Declaration: I have understood, acknowledged and agreed to undertake the reassessments for the listed units as above.

Student Signature: _____ Date: _____

Academic Manager Name: _____ Academic Manager Signature: _____ Date: _____

Accounts Officer Name: _____ Account Officer Signature: _____ Date: _____