

Application for Re-marking

Re-marking is as an independent assessment of a piece of written work that has already been assessed. This **Nursing School-level** process is part of the Informal Resolution process described in the [Student Academic Appeals Rule 2021](#) when a student has a concern about an **academic decision**. This form is for students who wish to seek a re-mark of a written assessment item (excludes exams, presentations, clinical assessments). You have 15 working days after marks are released to apply for a re-mark. For further information about marking policies, please refer to the University's [Academic Appeals webpage](#)

| Personal details | |
|-------------------|-------------------|
| Family name: | Given name: |
| SID: | Program of study: |
| University email: | |

| Re-marking request | |
|---|----------------------------|
| Unit code: | Unit name: |
| Date received grade: | Unit of Study Coordinator: |
| Assessment item: | Graded Mark: |
| Marker's name: | |
| <input type="checkbox"/> I have met with the marker and discussed my concerns about the marking of my assessment (Excludes N&D students) | Date: |
| <input type="checkbox"/> I have met with the Unit of Study Coordinator to discuss my concerns about the marking of my assessment and/or application for a re-mark | Date: |
| I have attached the following documents: | |
| <input type="checkbox"/> The original, marked piece of work | |
| <input type="checkbox"/> A clean copy of the piece work to be re-marked, should the re-marking be approved | |
| <input type="checkbox"/> The marking rubric for my assessment task | |
| <input type="checkbox"/> A letter justifying the reasons why I believe a re-mark of my work should be undertaken | |
| Student signature: | Date: |

| Unit of Study Coordinator (Signature must be obtained prior to submitting the re- mark application) | |
|---|-------|
| <input type="checkbox"/> I support this application for a re-mark | |
| <input type="checkbox"/> I do not support the application for a re-mark | |
| Rationale: | |
| Unit of Study Coordinator signature: | Date: |

Please return this form with supporting documentation to: nursing.educationsupport@sydney.edu.au
Submit your completed application form via your university email address, with all supporting documents attached. More information about Student Academic appeals can be found [here](#).