



# Request for Supplementary Assessment

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Family Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Given Name: \_\_\_\_\_

Course Enrolled: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

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## Assessment details

Subject name/ code: \_\_\_\_\_

Assessment type

Examination

Quiz

Oral Presentation

Other (Please specify):

Assessment weighting: \_\_\_\_\_

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## Details of Absence

Details of reason for absence: \_\_\_\_\_

Supporting documentation:

Medical Certificate

Approved Leave of Absence

Student signature: \_\_\_\_\_

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## Office Use Only

Registrar's approval    Yes     No

### Supplementary assessment date

Student advised    Yes     No

Lecturer advised    Yes     No