

Request for Additional Assessment Opportunity

Approval by Dean of the University

Section 1: Applicant Comment

To be completed by the applicant (Section 1 only).

This form should be typed and submitted electronically

It is advisable that you consult with your Programme Director/Supervisor before making an application for additional assessment opportunities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **HWU Person ID:** |  |
| **School:** |  | **Campus/Location:** |  |
| **Programme:** |  |
| **Mode of Study:** |  | **Year/Stage:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I confirm that I AM able to proceed on my current programme if I my application for additional assessment opportunities is unsuccessful.** | **Yes** |  | **No** |  |
| If you have selected no for the above statement and you cannot progress on your current programme you are required to apply for additional assessment opportunities through the Academic Appeal Procedures. Please visit <https://www.hw.ac.uk/students/studies/complaints/student-appeals.htm> for further information. |

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| --- |
| Course Details (please complete ALL fields for each course)I request additional assessment opportunities in the following courses: |
|  |
| Code | **Title** | **Semester** | **Opportunity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| Please provide details and reasons for the request e.g. why you were unsuccessful in previous attempts and why you believe you should receive further opportunities (no more than 1500 words): |
|  |
| List supporting evidence attached e.g. medical note/certificate (If you do not have an electronic copy of the supporting evidence you should submit hard copies to the School Administration Office):  |
|  |

|  |
| --- |
| **Student Declaration:** I agree with this application for additional assessment opportunities and if it is approved, will abide by its conditions. |
| **\*\*Signature of Student**\***:** |  | **Date:** |  |

**\*\*If you are unable to submit an electronic image of your signature, please type your name above. The University will consider the receipt of this form electronically, direct from you, as being equivalent to a signature.**

**PLEASE SAVE WITH FILENAME: ERO\_Your Family Name, First Name Initial** *e.g ERO\_Smith, J*

Section 2: School Comment

To be completed by Supervisor or Programme Director

This form should be typed and submitted electronically

|  |  |
| --- | --- |
| **Name of Staff Member:** |  |
| **Position:** |  |

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| --- |
| Please provide a statement detailing your support, or otherwise, to permit the additional assessment opportunities requested\*: |
|  |
| Please give details of the suggested progression route(s) available to the student\*:  |
|  |
| **I confirm that the student is able to proceed on the programme if I their application for additional assessment opportunities is unsuccessful.** | **Yes** |  | **No** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*\*Signature**\***:** |  | **Date:** |  |

**\*\*If you are unable to submit an electronic image of your signature, please type your name above. The University will consider the receipt of this form electronically, direct from you, as being equivalent to a signature.**

**Section 3: School Authorisation**

**To be completed by the Director of Learning and Teaching**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*\*Signature**\***:** |  | **Date:** |  |

**\*\*If you are unable to submit an electronic image of your signature, please type your name above. The University will consider the receipt of this form electronically, direct from you, as being equivalent to a signature.**

\*Please email this completed form to amendreg@hw.ac.uk. If you are unable to send supporting evidence electronically please email this form and send medical evidence via the internal mail with this form as a coversheet to Academic Quality.

**SAVE FILE AS: ERO\_Student's Family Name, First Name Initial** *e.g ERO\_Smith, J*

**Section 4: Authorisation**

**To be completed by the Dean of the University**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved** |  |  | **Comments/Conditions** |
| **Not Approved** |  |  |
| **Approved – subject to****conditions** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Chair:** |  | **Date:** |  |