

Supplementary Assessment is granted in accordance with General Award Rule (GAR) 1A. Applications are to be lodged with the Faculty (or School for Health Science Faculty only) that administers your program, regardless of which course the supplementary assessment application is for. Applications must be submitted within five (5) days of the finalisation of results for that semester (GAR1A).

Once granted supplementary assessment cannot be rescinded. Please check the course profile of the course for which you are applying as not all courses are able to have supplementary assessment applied.

STUDENT NUMBER	<input type="text"/>
NAME	[Title, Last Name, Given Name(s)]
FACULTY	
PROGRAM	

I am eligible for supplementary assessment as this is:

- the first grade of 3 in the first two semesters of undergraduate study at UQ (General Award Rule 1A.17.3 (a)(i)); or
- the final course required before progression to the next part of a program under the program rules (General Award Rule 1A.17.3(a)(ii)); or
- the final course required to complete my degree (General Award Rule 1A.17.3(a)(iii)); or
- in accordance with the Program Rules for the program in which I am enrolled.

COURSE(S) AND PROGRAM(S) IN WHICH SUPPLEMENTARY ASSESSMENT(S) ARE REQUESTED:

Program Name: e.g. Bachelor of Arts	Course Code: e.g. PSYC1020
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*A student may be entitled to more than one supplementary assessment (under provision of GAR 1A.17.3) in the one semester. Refer to the program rules and contact your Faculty for advice.

	SIGNATURE	DATE
APPLICANT		

The information on this form is collected for the primary purpose of assessing your application for supplementary assessment. Information on this form may be disclosed to relevant bodies for the assessment and verification of the application. Otherwise, the information you provide will not be disclosed to a third party without your consent unless disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at : <http://ppl.app.uq.edu.au/content/1.60.02-privacy-management>

FOR OFFICE USE ONLY:

COURSE(S) IN WHICH SUPPLEMENTARY ASSESSMENT(S) ARE APPROVED: TYPE OF ASSESSMENT: EXAM / OTHER

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COURSE(S) IN WHICH SUPPLEMENTARY ASSESSMENT(S) ARE **NOT** APPROVED:

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APPROVAL AUTHORITY

	SIGNATURE	DATE
DEAN/ ASSOCIATE DEAN ACADEMIC/ ^HEAD OF SCHOOL ^ONLY IN FACULTY OF HEALTH SCIENCES		
NOTE/COMMENT ON RULING		
DETAILS POSTED TO SI-NET		