

**LINGNAN UNIVERSITY**  
**Application for a Reassessment**

**(Information given in this box is classified and will not be revealed to the teacher responsible for the reassessment.)**

Please read the following notes before completing the application:

1. Appeals must be made within **five days** after the official disclosure of examination results. No late applications will be accepted.
2. Upon submission of this form to the Registry, the applicant is required to pay a deposit for a reassessment.
3. If the application is not submitted in person, the applicant needs to enclose a copy of his/her identity card for identity verification. If an authorized person is appointed to handle the application, an authorization letter is required.
4. After a formal appeal for a reassessment is submitted, no personal lobbying by the student is permitted. Failure to comply with this requirement will result in the appeal case being **disqualified**.
5. Appeals may result in **upgrading or downgrading** of assessment results, and the deposit will be refunded if the appeal results in a change of grade.
6. Results of appeal will be determined within 7 working days from the day when the application is submitted.
7. You may collect the notification at the Registry 7 working days after the day of application. Should you like to receive the notification by mail, please complete the address box below. If you fail to receive the notification by mail 14 working days after the day of application, please contact the Registry at 2616 8750.

Full Name of Applicant : \_\_\_\_\_ Student No. : \_\_\_\_\_

Year of Study : \_\_\_\_\_ Study Programme : \_\_\_\_\_

Course Code : \_\_\_\_\_ Course Title : \_\_\_\_\_

Section : \_\_\_\_\_ Subject Teacher : \_\_\_\_\_

Examination taken in the \_\_\_\_\_ Term of 20 \_\_\_\_\_ - \_\_\_\_\_ Grade originally given : \_\_\_\_\_

Justification(s) for applying for reassessment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date : \_\_\_\_\_

**Registry's use**

Deposit: \$140

Payment checked by: \_\_\_\_\_ Student's record updated by: \_\_\_\_\_ on \_\_\_\_\_

**Notification of Appeal Result**

**The grade has been changed, and the deposit will be refunded**

1. The amended grade has been entered into your records. Please check your web transcript.
2. Student should bring this notification and the deposit receipt to the Comptroller's Office to claim his/her deposit.

**The original grade stands, and the deposit will not be refunded.**

**Correspondence Address for Sending Notification of Appeal Result**

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

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

\_\_\_\_\_

**Notification of Appeal Result:**

**to be collected at the Registry.**

**to be sent to the address specified on the left.**

To : Programme Director/Head of Academic Unit

Please inform me of the result of the application by completing the following box and returning this form (pages 1 and 2) to me by \_\_\_\_\_

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

**Important Points for Programme Director/Head of Academic Unit to Note:**

1. Programme Director/Head of academic unit should decide whether the application should be handled by the same or a different instructor.
2. A 'double-blind' approach should be adopted: the identities of the marker and the applicant should not be revealed. **To this end, this page should be detached for completion of all parties concerned to conceal the identity of the applicant.** The completed form (pages 1 and 2) should be returned to the Registry by the specified deadline.
3. Justification(s) has (have) to be provided in case the teacher responsible for reassessment comes up with a different grade. The original subject teacher(s) should be informed and given a chance to indicate his/her (their) consent or otherwise. The Programme Director/Head of academic unit should inform the Registrar of the final decision.
4. Please consult the Guidelines on Review of Grades and Reassessment (available on Registry Intranet) for details.

**(Information given here is classified and should not be revealed to the student applying for reassessment)**

|                      |     |                          |     |
|----------------------|-----|--------------------------|-----|
| Original Grade       | ( ) | Grade after Reassessment | ( ) |
| Original Marks       | ( ) | Marks after Reassessment | ( ) |
| Original Total Marks | ( ) | Marks after Reassessment | ( ) |

Justification(s) for the change of grade, if applicable.

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Comment(s) by original subject teacher(s), if any:

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Signed:

\_\_\_\_\_  
Teacher responsible for  
the reassessment

\_\_\_\_\_  
Original Subject Teacher(s)  
(if different from the  
teacher handling  
the reassessment)

\_\_\_\_\_  
Programme Director/  
Head of Department

\_\_\_\_\_  
(Name in block letters)

\_\_\_\_\_  
(Name(s) in block letters)

\_\_\_\_\_  
(Name in block letters)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date