Ref. No _____

LINGNAN UNIVERSITY
Application for a Reassessment for Taught Postgraduate Students

(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 MCS Programme Office (in person or by fax, fax number: 2572 5170, 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 Programme Office 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 Programme Office.

Full Name of Applicant : _____ Student No. : _____

Email Address: _____ Study Programme : MCS / MCS(DMC)* _____

Course Code : _____ Course Title : _____

Section : _____ Subject Teacher : _____

Examination taken in the _____ Term of 20 ____ - ____ Grade originally given : _____

Justification(s) for applying for reassessment: _____

_____

_____

_____

*Delete as appropriate

Signature of Applicant:_____ Date : _____

Programme Office's use

Deposit: $200 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 Finance 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 Programme Office.

( ) to be sent to the address specified on the left.

Ref. No _____

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 Programme Office 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.
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.

_____

_____

_____

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

_____

_____

Signed:

Teacher responsible for the reassessment	Original Subject Teacher(s) (if different from the teacher handling the reassessment)	Programme Director/ Head of Academic Unit
(Name in block letters)	(Name(s) in block letters)	(Name in block letters)
Date	Date	Date

reass_tpg.doc (Jun 2023)

Personal Information Collection Statement :

1. Personal data provided on this form will be treated confidentially and will be used for processing this application only.
2. Information provided may be transferred to other units within the University for necessary actions, where applicable.
3. Applications for access to personal data should be made to the Data Protection officer (DPO@LN.edu.hk) of the University. For update/correction of personal data, please contact the MCS Programme Office (mcs@LN.edu.hk).