

## Law School Review of Assessment

Students are required to take this completed form to Subject Coordinator

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

Subject: \_\_\_\_\_

Subject Coordinator: \_\_\_\_\_

Assessment Description: \_\_\_\_\_

Date: \_\_\_\_\_

Student to state grounds for request: _____
Statement of Subject Coordinator after consultation (advising of any change of result, if any): _____

Subject Coordinator - Please tick relevant box below:

Change of result:                      Yes       No

Amended Grade Form Processed:      Yes       N/A

Student intends to seek formal Review withn09.6603 Tm [(Subject Coordin)7(ator -)-6( Please)]TJ C