



# Bachelor of Engineering Technology (BET) (CRS1201286)

## FORM 2 – APPLICATION TO VIEW EXAM PAPER

Submit your application within **48 hours** of the release of exam results:

**BET.VIEW\_EXAM\_PAPER@CHISHOLM.EDU.AU**

Failure to do so within the time stated will result in immediate rejection of application.

### SECTION A. PERSONAL DETAILS (TO BE COMPLETED BY STUDENT)

Family Name		Given Names	
Student ID Number		Email	
Semester		Year	

### SECTION B. SUBJECT DETAILS (TO BE COMPLETED BY STUDENT)

*Please complete a separate 'Application to View Exam Paper' form for each subject*

Subject Code		Subject Name	
Marks Obtained		Attendance (%)	
Name of Lecturer			

### SECTION C. OTHER SUBJECTS UNDERTAKEN THIS SEMESTER (TO BE COMPLETED BY STUDENT)

Subject Code	Subject Title	Marks Obtained (Mid-semester Test)	Attendance (%)

### SECTION D. REASON FOR VIEWING EXAM PAPER (TO BE COMPLETED BY STUDENT)

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SECTION E. ALL SUBJECTS UNDERTAKEN THROUGHOUT BET COURSE (TO BE COMPLETED BY STUDENT)					
Year	Semester	Subject Code	Subject Title	Marks Obtained	Attendance (%)

TO BE COMPLETED BY STUDENT	Yes	No
This is my first application for a review. If NO, how many times have you applied previously? _____ When did you last apply? _____	<input type="checkbox"/>	<input type="checkbox"/>
I have discussed this matter with the subject Lecturer prior to submitting application.	<input type="checkbox"/>	<input type="checkbox"/>
My final mark for the subject is _____		



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I declare that the information provided by me is true and complete. I acknowledge that Chisholm Institute reserves the right to confirm the information provided and may vary or reverse any decision regarding Application to View Exam Paper on the basis of incorrect or incomplete information. I agree to provide a more specific consent to disclosure of the information should this be required by the organisation.

Student's signature		Date: / /
Lecturer's signature		Date: / /

### OFFICE USE ONLY

This Application to View Exam Paper is:

Approved  Not Approved

Reason:

Student Administration Officer Name:

Student Administration Officer Signature:

Date: / /

Student notified of outcome: Yes  No

Date: / /