



Application for Supplementary Assessment (Last to Complete) in Final Unit of Study



SUPPLEMENTARY ASSESSMENT (LAST TO COMPLETE)

Final year students who fail only one final year unit of study may be eligible to apply for supplementary assessment. These applications should be lodged at Student Information Centre (SIC), no later than midday of the fifth working day after the publication of results in the final or penultimate teaching period as appropriate.

To be eligible for Supplementary Assessment (Last to Complete) students (including postgraduate coursework students) must meet the following criteria:

- Students have obtained a pass result in all units of study for their award except one, and have made a genuine attempt, presented for and failed that unit of study in the final or penultimate teaching period.
- A genuine attempt must include fulfilment of all assessment requirements for the unit of study and the achievement of a mark of 40% or more.
- Students may only apply for Supplementary Assessment (Last to Complete) on one occasion. Where Last to Complete has been granted for a unit undertaken in the penultimate teaching period, students will not subsequently be granted Last to Complete for a unit undertaken in the final teaching period.
- Students enrolled in a nested program who intend to proceed directly to the next stage of the program shall not be eligible for Last to Complete in the current stage of the program. Students are not entitled to any more than one Last to Complete while completing a nested program.
- Where students' Last to Complete applications involve the approval of an examination, students must normally attend the examination the Special Examination or Last to Complete examination periods, as published in the Academic Calendar.

Except in the case of late applications, students whose application for Supplementary Assessment (Last to Complete) is approved, will be notified at least five working days in advance of the examination date via Swinburne email account.

APPLICANT DETAILS

Student Number:	<input type="text"/>	Title:	<input type="text"/>
Surname:	<input type="text"/>		
Given Names:	<input type="text"/>		
Address:	<input type="text"/>	Mobile:	<input type="text"/>
		Home Phone:	<input type="text"/>
		Business Phone:	<input type="text"/>
		Fax:	<input type="text"/>
Program title:	<input type="text"/>	Campus:	<input type="text"/>

UNIT OF STUDY FOR WHICH SUPPLEMENTARY ASSESSMENT (Last to Complete) IS SOUGHT

Unit of Study Code:	<input type="text"/>	Unit of Study Title:	<input type="text"/>
Tutor/Lecturer:	<input type="text"/>	Teaching Period Attempted:	<input type="text"/>

DECLARATION TO BE COMPLETED BY STUDENT BEFORE LODGING APPLICATION

I hereby apply to be granted Supplementary Assessment (Last to Complete) for the above named unit of study.

Signature	<input type="text"/>	Date	<input type="text"/>
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Privacy Statement:

Swinburne University of Technology collects, uses and destroys personal information in accordance with our University's Policies.

OFFICE USE ONLY	
TO BE COMPLETED BY STUDENT ADMINISTRATION	
Date Received by	
Has the student achieved a final mark of 40% or more?	<input type="radio"/> Yes <input type="radio"/> No
Date Sent to Convenor/School	
Date Returned to Student Administration	

TO BE COMPLETED BY CONVENOR (SCHOOL)	
Has the student completed all assessment requirements for this unit of study this teaching period?	<input type="radio"/> Yes <input type="radio"/> No
Did the student make a genuine attempt in this unit, including fulfilling all assessment requirements?	<input type="radio"/> Yes <input type="radio"/> No
If your answer is NO, please give reasons below	

CONVENOR'S RECOMMENDATION				
Yes	No	Convenor's Name	Convenor's Signature	Date
If recommended, details of supplementary assessment to be undertaken:				

DEAN OR DELEGATE APPROVAL (SCHOOL)			
Approved/Not Approved	Name	Signature	Date

TO BE COMPLETED BY STUDENT ADMINISTRATION		
Student notified to Swinburne email account		<input type="radio"/> Yes <input type="radio"/> No
Student Administration Officer's Name	Student Administration Officer's Signature	Date