

Educational Review Application Form

*Tauira must complete and submit this Form to the Aukaha Tiaki Kounga (for the Takiwā where you are studying)* *within 20 working days of being notified of the decision, which the review relates to.*

*The completed Form can be sent by email, post or delivered to Campus (see contact table).*

**SECTION A: To be completed by Tauira**

|  |  |
| --- | --- |
| **Details Section** | |
| **Full Name:** |  |
| **ID Number:** |  |
| **Programme/Course Name:** |  |
| **Kaiako/Kaitiaki Name:** |  |
| **Postal Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |

|  |
| --- |
| **I am requesting a review of an educational decision about (tick one)** |

* Admission and Enrolment
* Credit Award or Cross Credit application
* Assessment result
* Compassionate consideration application
* Award of qualification
* Assessment misconduct
* Expectations of behaviour
* Withdrawal
* Any other decision made under Tikanga Ako (Educational Regulations) - Describe here:

**Information in Support of Review**

Please outline the specific reasons / details for requesting the review in the box provided and or by attaching a separate sheet.

|  |
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|  |

Please list here the documentation you have attached in support of your review request

|  |  |
| --- | --- |
| **Document** | **Reason for providing this document:** |
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**Declaration:**

* I declare that the information I have provided is true and correct.
* I understand that the information associated with this educational review will only be used for the purpose of this review and will not be released to any persons not involved in the enquiry.
* I understand that a complete record of this review will be held by Te Wānanga o Aotearoa.

|  |  |
| --- | --- |
| **Tauira Signature:** |  |
| **Date:** |  |

**SECTION B: Takiwā Use Only**

**Refer:**

* Regulation 16 – Educational Reviews and Appeals (Tikanga Ako)
* Educational Review and Appeals Tikanga Here

**Review Table:**

|  |  |
| --- | --- |
| **Date received** |  |
| **Responsible Aukaha Tiaki Kounga** |  |
| **Assigned Reviewers** |  |
| **Date for consideration by Takiwā Academic Committee** |  |
| **Outcomes:**   * Review Approved | |
| * Declined and reasons stated : | |
| Aukaha Ako (as Chair of Takiwā Academic Committee)   * Name: * Signature:………………………………………………………………………………………….. * Date: | |
| **Recordkeeping:** | |
| * Tauira notified of ACT decision by letter | |
| * Letter and relevant evidence filed | |