**REVIEW REQUEST FORM**

Version date: 17 October 2022

**Please read the relevant Policy prior to completion of this form** *(e.g., Assessment Policy, Minor Thesis Policy, Admissions Policy, Graduation Eligibility Policy, Human Research Ethics Policy)***.**

|  |
| --- |
| **Personal details** |
| Name |  |
| Student / Staff ID |  |
| College |  |

|  |
| --- |
| **Review Request details**State clearly and concisely the decision you are requesting be reviewed, the reasons for your request, and the names of persons involved, and their role if known. Please attach copies of any relevant documents. |
|  |
| **Attempted resolution of the matter** State clearly and concisely what steps (if any) have been taken already to resolve the matter. |
|  |
| **College support**Provide the name of your College support person, if one has been provided.  |
|  |

|  |
| --- |
| **Declaration**I confirm the above information is true and accurate.  |
| Signature |  | Date |  |

|  |
| --- |
| ***College & Office of the Vice-Chancellor use only*** |
| Date received & by |  | Forwarded to relevant Dean/Chair [their name & date]  |  |
| Outcome  |  |
| Date submitter notified of outcome |  |

**Please submit this form to the Dean specified in the relevant Policy**

**or to the University Secretary:**

 Office of the Vice-Chancellor

University of Divinity

 90 Albion Road, Box Hill VIC 3128

 Email hhornsby@divinity.edu.au