

## Educational Review Form

Tauira must lodge this form within 10 working days of the original decision notification. It can be sent by email or by hardcopy to campus reception addressed to Te Aukaha Ako. Please complete the form and attach any supporting documents.

### 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)
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- ☐ 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 educational decision covered by Tikanga Ako (Educational Regulations)  
Describe:

Please give your reasons for requesting the review; either here or on a separate sheet. **Be as specific and detailed as possible.**

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

Document	Reason for providing this document:

- 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.

<b>Tauira Signature:</b>	
<b>Date:</b>	

**Section B: TWoA CHECKLIST:**

<b>Date Application Received from Tauira</b>	
<b>Received by (name &amp; position)</b>	
<b>Date Considered by Academic Committee Takiwā (ACT):</b>	
<b>Outcomes:</b> <input type="checkbox"/> Review Approved <input type="checkbox"/> Declined and reasons stated : <input type="checkbox"/> Tauira notified of ACT decision by letter	
Aukaha Ako (ACT Chair) Name: .....  Signature: .....  Date: .....	

<input type="checkbox"/> Letter and relevant evidence filed
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