



## STUDENT APPEALS FORM

### PERSONAL DETAILS

Student Number:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Given Name:			
Family Name:			
Email Address:			
Phone:			
Current Address:			

### APPEAL DETAILS

(Please place a tick  next to your appeal below)

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Misconduct | <input type="checkbox"/> Notice of intention to report DIBP |
| <input type="checkbox"/> Assessment outcome  | <input type="checkbox"/> Notice of Intention to Cancel      |
| <input type="checkbox"/> Attendance records  | <input type="checkbox"/> Course withdrawal                  |
| <input type="checkbox"/> Course fees         | <input type="checkbox"/> Other                              |

### APPEAL SUMMARY

(Please outline the reasons for your appeal and attach any evidence to support your appeal.)

--

### PRIVACY NOTICE

The information provided on this form will be used exclusively to resolve your appeal. None of the information you provide on this form will be discussed to anyone outside of the college without your permission, unless we are required to do so by law.

### STUDENT ACKNOWLEDGEMENT

**I certify that the information provided is true and correct to the best of my knowledge.**

Signature	Date



**OFFICE USE ONLY**

**OUTCOME OF THE APPEAL**

--

**OFFICE USE ONLY**

Receiving staff member:		Date:	
Appeal outcome:	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful		
I confirm all required action/s are completed and student informed of the outcome: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Officer's name:		Date:	
Signature		Scanned & Filed: : <input type="checkbox"/> Yes <input type="checkbox"/> No	