

Student Appeal Form

This Appeal Form must be lodged directly to Student Services

Your Details

Student Number:	USI No:	
Course Enrolled In:		
Given/First Name:		
Family Name:		
Address:		
	State:	Post Code:
Email:		
Contact Phone:	Mobile:	

Note:

- 1. This Appeals Form must be lodged no later than 20 working days after the date of notification letter**
- 2. This Appeals Form must meet the grounds for appeal**
- 3. Grounds of appeal documents must be attached**
- 4. Original notification letter being appealed must be attached**

Type of Appeal (Please tick appropriately)

- | | |
|--|---|
| <input type="checkbox"/> Intention to Report | <input type="checkbox"/> Complaint |
| <input type="checkbox"/> Academic Results | <input type="checkbox"/> Discipline/ Misconduct |

DETAILS OF YOUR GROUNDS FOR APPEAL: (Attach additional pages if required)

Student Signature:	Date:
Received by Student Services:	Date:

Note: Commencement of process is within 10 working days of the formal lodgement of the appeal and reasonable measures are taken to finalise the process as soon as practicable.