

# 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)

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

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


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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.