

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)

- Intention to Report
- Complaint
- Academic Results
- Discipline/ Misconduct
- Other: _____

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

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

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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.