



Request for Appeal of a Decision

Students are advised to refer to the Complaints and Appeals Policy and Procedures on the website.

Surname:		Title:	
First Given Name:			
Course title:			
Date of decision:			
What was the decision about?	<input type="checkbox"/> Assessment Task Outcome <input type="checkbox"/> Fees and Refunds <input type="checkbox"/> Transfer Application to another Provider <input type="checkbox"/> Course Progress and Attendance <input type="checkbox"/> Cancellation of Enrolment <input type="checkbox"/> Incorrect advice given by Education Agent <input type="checkbox"/> Other (Please state) _____		
Reason for your request:			
Occurrences leading up to this request:			
What outcomes are you seeking or expect:			
Can we improve our system to avoid these situations in the future:			

By signing this form, I certify that the information provided is true and correct.

Signed: _____

Date: ____ / ____ / ____