



Queensland College of Music Pty Ltd

QUEENSLAND COLLEGE OF MUSIC RTO 40821

VSL STUDENT APPEAL FORM			
PERSONAL DETAILS			
Family Name:		Given Name:	
Email address:			
Phone:		Date of Birth	
Course Code/Title:			
Reason for / Details of Appeal			

Appellant Signature:		Date:	
Date of lodgement :		Received by:	
Signature:		Date appeal acknowledged:	

POST APPEAL HEARING

Actions taken:

Outcome of Appeal (Resolution) – Decision and Reasons for Decision.

RESULT

I am satisfied with the results of this process.

I am not satisfied with the results of this process and wish to take this matter further.

Student:

Signature:

Date:

Feedback:

OFFICE USE:

Appellant has been notified of receipt?

Yes

No

Appellant has been sent a written statement of actions taken?

Yes

No

Appeal has been added to the Register?

Yes

No

Date appeal was resolved:

CEO Signature:

Date: