APPEAL FORM

PERSONAL DETAILS			
Family Name:		**Given Name:**	
Email address:			
Phone:		**Date of Birth**	
Course Code/Title:			
Reason for / Detailsof Appeal			

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

Note: If completing form electronically, please use the words 'Signed by me' and then your name, in lieu of your signature.

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:**	