

APPEAL SUBMISSION FORM

PERSONAL DETAILS:

Student name: _____ Student ID:

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Partner provider at which you are studying: _____

Contact address: _____

Email address: _____ Postcode: _____

ENROLMENT DETAILS:

Program enrolled in: _____

Course that this appeal relates to: COURSE CODE:

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 COURSE NAME: _____

Partner Provider Recommendation:

Recommended

Not Recommended

Reason(s): _____

Signature: _____ Date: _____

WHAT ARE YOU APPEALING? (Please attach supporting evidence)

- Final grade – Please fill in page 2 of this document for criteria and grounds of appeal- refer to Regulation 5.3
- Academic Progress Committee Exclusion – refer APC letter for deadlines
- Other: **(MUST specify below)**

** Please refer to 'Appeal Guidelines' for further information*

Signature: _____ Date: _____

OFFICE USE ONLY:

Date appeal submitted: _____ Received by: _____ Initials: _____
 Partner administrator: _____ CUP Administrator: _____
 Date action initiated: _____ Student advised of appeal outcome (Date): _____
 NOTES: _____

