**Request for Appeal of a Decision**

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

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| --- | --- | --- | --- |
| **Surname**: |  | **Title:** |  |
| **First Given Name:** |  | | |
| **Course title:** |  | | |
| **Date of decision:** |  | | |
| **What was the decision about?** | Assessment Task Outcome  Fees and Refunds  Course Progress and Attendance  Cancellation of Enrolment  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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_