



# STUDENT APPEAL FORM

Please return the completed form to Reception or Administration Department. If you have any questions or need advice to fill this request, please see our Student Welfare Officer. Appointment is required; you will be contacted by a member of staff concerning this lodgement within 14 days.

**STUDENT DETAILS:**

|                |  |                 |  |
|----------------|--|-----------------|--|
| First Name:    |  | Family Name:    |  |
| Student ID:    |  | Contact Number: |  |
| Address:       |  |                 |  |
| Email Address: |  |                 |  |
| Course Name:   |  |                 |  |

**DETAILS OF YOUR GROUNDS FOR APPEAL:**

*(Attach additional pages as needed)*

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|  |
|  |
|  |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| OFFICE USE ONLY |  |                 |  |
|-----------------|--|-----------------|--|
| Interview By:   |  | Position:       |  |
| Signature:      |  | Interview Date: |  |
| Appeal Type:    | <input type="radio"/> Attendance <input type="radio"/> Academic Probation <input type="radio"/> Non Payment <input type="radio"/> Misconduct |                 |  |
| Comments:       | Outcome: _____   |                 |  |

**The copy of this form must be kept in the student file for future reference.**