

# Student Appeal Form

## Student Details

Family Name:		Student Number:	
Given Names:			
Course Name:		Course Code:	

## Contact Details

Residential Address:			
Postal Address:			
Phone:		Mobile:	
Email:			

## Reason

Reason for Appeal	
<input type="checkbox"/>	Appealing against warning of tuition payment arrears
<input type="checkbox"/>	Appealing against warning of unsatisfactory progression
<input type="checkbox"/>	Appealing against warning of plagiarism

**Please provide additional evidence to support your appeal:**

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Student signature:		Date:	
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OFFICE USE ONLY			
Date Received:		Initial:	

## College Response to Appeal

### Notes

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### Outcome

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<input type="checkbox"/>	COE <b>to</b> be cancelled
<input type="checkbox"/>	COE <b>not</b> to be cancelled

Manager Signature:		Date:	
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OFFICE USE ONLY	
<input type="checkbox"/>	Student informed of appeal outcome
<input type="checkbox"/>	Appeals register update
<input type="checkbox"/>	DoHA updated via PRISMS if applicable
<input type="checkbox"/>	Documentation saved to student file
<input type="checkbox"/>	Notes recorded in student management system