

APPEAL FORM

By filling in this form you are requesting to appeal a judgement made against you. This may be by way of a response to a complaint, or a result to an assessment.

This form serves to begin the appeal process in relation to a judgement that has been made against you. This form must be lodged to the PEO or their delegates, within 7 days of you receiving a judgement.

A written response will be issued to you within 7 days.

Personal Details	Student Name:
	Student ID:
Home Address	
	Suburb: Postcode:
Contact Details	Mobile:
	Home Phone:
	Email:
Course(s) Enrolled	
Intake(s) Date(s)	

Please state in full, your reason for the appeal:



Supporting Documentation - Specify and attach Originals or Certified copies. (Originals will be copied and returned to you.)



Student signature:		Date:
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Office use only			
Received By:		Date:	
Entered into Appeal Register (SMS) by:		Date:	
Comments:			