



## APPEAL FORM

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student name: \_\_\_\_\_

Address in Australia: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Contact number: \_\_\_\_\_

Student Email: \_\_\_\_\_

### Attachments:

If necessary attach any relevant supporting documentation.

Reason to appeal:

Student signature: \_\_\_\_\_

### OFFICE USE ONLY

Approved

Not approved

Date of decision: \_\_\_\_\_

Comments:

AusAcademy staff name: \_\_\_\_\_