Appeals Lodgement Form

Note:

- This form should be completed if you would like to lodge a complaint or would like to make an appeal about a decision taken by Innovative College. This form must be lodged within twenty (20) working days of notification of the decision.

Section 1 : Personal Details

Name		**Student ID**	
Address			
Suburb		**Post Code**	
Email		**Mobile**	
Current Course			

Section 2: Appeal Details
Reason for Appeal – Choose from below

☐ Assessment Outcome
Unit Name:

☐ Attendance Record

☐ Notice of Intention to Report

☐ Other (please specify)

Section 3: Appeal Summary – please provide details regarding your appeal

Section 4: Student Declaration

I,_____ (Applicant) hereby declare that the information contained in this application is true and correct to the best of my knowledge.

Signature		**Date**	

Section 5 : Office Use Only			
Assessing Staff Name		**Position**	
Application Outcome : Approved ☐ Declined ☐			
Appeal discussed with:			
Comments:			
Assessing Staff Name		**Position**	
Assessing Staff Name		**Position**	
Proposed actions identified in initial meeting:			
Student advised by : Email ☐ Phone ☐ In Person ☐			
Student request for 2nd meeting : Yes ☐ No ☐ **(student must request for second meeting no later than five (5) working fays after the initial meeting)**			
Proposed actions identified in second meeting:			
Student advised by : Email ☐ Phone ☐ In Person ☐			
Students response to proposed actions & outcomes			
☐ **Student accepts & agrees – file copy in student file**			
☐ **Student disagrees & unhappy: Student Support will contact student to assist to access Mediation Service or Overseas Student Ombudsman Service.**			
Staff Signature		**Date**	