



## APPLICATION FOR ACADEMIC APPEAL

Read this application carefully. Complete all sections and ensure that any supporting documents are attached and certified by a Justice of the Peace or equivalent in the approved form. Write in BLOCK LETTERS using a blue or black pen. Indicate with "N/A" where questions are not applicable.

1. Personal Information					
Student Number:					
Family Name:	Given Name/s:	Given Name/s:		Title  ☐ Mr.	□ Miss
Date of Birth: / /	Gender: □ M □ F			☐ Mrs.	☐ Ms.
Telephone (H):	Telephone (W):	M	lobile:		
Email:					
Course Code:	Enrolled Course Name:				
2. I request a review of final exam /r	mid-term exam /assignment re	sult in unit:			
Unit Code and Name:		L	.ecturer's N	Name:	
Tutor's Name:		N	∕lark Recei	ved:	
If you appeal a pass grade or higher, there you're appealing a fail grade, you don't ne	is a \$50 fee you'll need to pay. This ed to pay this fee.	may be refunded	d if the gra	ide changes ir	1 your favour. If
3. The reasons for review (Please provide statement of reasons):					
4. Declaration					
☐ I confirm that I have provided the correct	t information and details and I under	stand that the sc	hool will m	ake the decis	ions.
Applicant Signature:		,	Date:	/ /	

OFFICE USE ONLY	
Lodgment Date of Request: / /	
Review Conducted by:	Date: / /
Comments:	
Result Amended: ☐ Yes, new mark granted ☐ No	Mark:
Signature:	Date: / /
Program Director Approval: ☐ Yes ☐ No	
Trogram Director Approval. Tes Tino	Signature: