## Australian Institute of Technology & Commerce Pty Ltd

ABN 47 634 668 214 CRICOS Code: TBA

Head Office: Level 6, 8 Quay Street, Haymarket NSW 2000 Website: www.aitc.nsw.edu.au Email: info@aitc.nsw.edu.au

Phone: 02 9211 4958



## **Student Appeal Form**

SECTION 1: PERS	ONAL DETAILS		
Family Name:	Given Name:	Student ID:	
Date of Birth:	Email:	Telephone:	
Australian Address:			
<b>SECTION 2: PROG</b>	RAM DETAILS		
Program Name:		Start Date:	
<b>SECTION 2: TYPE</b>	OF APPEAL		
☐ Appeal of R			
	cademic Record		
	RPL Assessment Outcome		
	ntention to Report		
	Varning Letter		
	exclusion from studies		
	Suspension from studies		
	xpulsion from studies		
· ·	Ion-Payment penalties		
☐ Other (plea	se specify)		
SECTION 4: SUMMARY OF APPEAL			
Please provide a summary of your appeal in the space below:			
Tiease provide a su	initially of your appear in the space of	elow.	
Please provide a su	immany holow of how you plan to add	rose the problems which sourced the appeals	
riease provide a su	ininary below of now you plan to add	ress the problems which caused the appeal:	

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SECTION 5: ENDORSEMENT			
I have read and understood the guidelines and advice on this Appeal form. I certify that all information, including supporting documentation and certificates, is correct.			
	`		
Student Signature:	Date:		
Australian Institute of Technology and Comm	erce <b>STAFF COMMENTS</b> DATE:		
APPEALS COMMITTEE DECISION	DATE:		
Postgraduate Course Coordinator:			
Approved □	Non-Approved □		
Registrar:			
Approved □	Non-Approved □		
Academic Dean:			
Approved □	Non-Approved □		
Appeals Committee Comments:			
OFFICE USE			
Received By:	DATE:		
Staff Signature:			