Australian Institute of Technology & Commerce Pty Ltd

ABN 47 634 668 214 CRICOS Code: 03996D

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: PERSONAL DETAILS			
Family Name:	Given Name:	Student ID:	
Date of Birth:	Email:	Telephone:	
Australian Address:			
SECTION 2: PROGRAM	DETAILS		
Program Name:		Start Date:	
SECTION 2: TYPE OF A	PPEAL		
☐ Appeal of Results			
☐ Appeal of Academic Record			
☐ Appeal of RPL Assessment Outcome			
□ Appeal of Intention to Report			
□ Appeal of Warning Letter			
☐ Appeal of Exclusion from studies			
☐ Appeal of Suspension from studies			
☐ Appeal of Expulsion from studies			
☐ Appeal of Non-Payment penalties			
☐ Other (please sp	ecify)		
SECTION 4. SUMMARY OF ARREAD			
SECTION 4: SUMMARY OF APPEAL Please provide a summary of your appeal in the space below:			
Please provide a summa	ry or your appear in the space be	iow.	
Please provide a summary below of how you plan to address the problems which caused the appeal:			
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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: TBA Email: TBA

Phone: TBA



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.			
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Student Signature:	Date:		
Australian Institute of Technology and Comm	erce STAFF COMMENTS 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:			