

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:	
Date of Birth: / /		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Telephone (H):	Telephone (W):	Mobile:	
Email:			
Course Code:		Enrolled Course Name:	
2. I request a review of final exam /mid-term exam /assignment result in unit:			
Unit Code and Name:		Lecturer's Name:	
Tutor's Name:		Mark Received:	
<p><i>If you appeal a pass grade or higher, there is a \$50 fee you'll need to pay. This may be refunded if the grade changes in your favour. If you're appealing a fail grade, you don't need to pay this fee.</i></p>			
3. The reasons for review (Please provide statement of reasons):			
4. Declaration			
<input type="checkbox"/> I confirm that I have provided the correct information and details and I understand that the school will make the decisions.			
Applicant Signature:			Date: / /

OFFICE USE ONLY	
Lodgment Date of Request: / /	
Review Conducted by:	Date: / /
Comments:	
Result Amended: <input type="checkbox"/> Yes, new mark granted <input type="checkbox"/> No	Mark:
Signature:	Date: / /
Program Director Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: