

# 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.*

|                                                                                                                                                                                                                  |  |                                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--|
| <b>1. Personal Information</b>                                                                                                                                                                                   |  |                                                               |  |
| Student Number:                                                                                                                                                                                                  |  |                                                               |  |
| Family Name:                                                                                                                                                                                                     |  | Given Name/s:                                                 |  |
| Date of Birth:     /     /                                                                                                                                                                                       |  | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |  |
| Telephone (H):                                                                                                                                                                                                   |  | Telephone (W):                                                |  |
| Email:                                                                                                                                                                                                           |  | Mobile:                                                       |  |
| Course Code:                                                                                                                                                                                                     |  | Enrolled Course Name:                                         |  |
| <b>2. I request a review of final exam /mid-term exam /assignment result in unit:</b>                                                                                                                            |  |                                                               |  |
| Unit Code and Name:                                                                                                                                                                                              |  | Lecturer's Name:                                              |  |
| Tutor's Name:                                                                                                                                                                                                    |  | Mark Received:                                                |  |
| <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> |  |                                                               |  |
| <b>3. The reasons for review (Please provide statement of reasons):</b>                                                                                                                                          |  |                                                               |  |
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| <b>4. Declaration</b>                                                                                                                                                                                            |  |                                                               |  |
| <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:                                                                                  |                   |
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|                                                                                            |                   |
| 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:        |