T: +61 (2) 8542 0459
E: info@aicc.edu.au
www.aicc.edu.au

Campus:
L4, 11-15 Deane Street
Burwood, NSW 2134

STUDENT APPEAL FORM

Please return the completed form to Reception or Administration Department. If you have any questions or need advice to fill this request, please see our Student Welfare Officer. An appointment is required; you will be contacted by a member of staff concerning this lodgment within 14 days.

STUDENT DETAILS:

First Name:		Family Name:	
Student ID:		Contact Number:	
Address:			
Email Address:			
Course Name:			

DETAILS OF YOUR GROUNDS FOR APPEAL:

(Attach additional pages as needed)

Student Signature: _____ Date: ____ /____ /____

OFFICE USE ONLY			
Interview By:		**Position:**	
Signature:		**Interview Date:**	/ /
Appeal Type:	○ Attendance ○ Academic ○ Non Payment ○ Misconduct		
Comments:	**Outcome:** _____		

The copy of this form must be kept in the student file for future reference.