



Academic Appeal Application

Note: A fee of \$25 per unit must be paid in full when submitting this form.

Family Name:	Given Name:		
Phone - Home: Mobile:	Student ID:		
Work:	Year:	Sem 1 <input type="checkbox"/>	Sem 2 <input type="checkbox"/>

Qualification: _____

Unit code and title: _____

Lecturer/assessor name: _____

Reason(s) for Appeal: _____

I understand that if my appeal is successful, the appeal fee will be refunded.

Signature: _____ Date: _____

Office use only			
Fees received on (date):		Fee \$25.00 per UOC	\$
Campus:		Manager:	
Appeal forwarded to Academic Quality		Date:	
Comments by Assessor:			
Result:		Assessor Signature:	New Result:
Decision received by Manager		Date:	
Manager Comment:			
NEW RESULT forwarded to Client & Administration Services		Date:	
Student advised of the result of the appeal		Date:	

Please forward this form to Client and Administration Services with a copy of the letter to the student.