



Appeal Form

A written response to the appeal will be given to the student within **10 working days** by a senior staff member.

| STUDENT DETAILS | | | | |
|---|-----------------|--------------------------------|-----------------------------------|--------|
| First Name | | Last Name | | |
| Date of Birth | | Student ID | | |
| Allocated Group | | Telephone | | |
| Address _____ _____ | | | | |
| Suburb _____ | | Postcode _____ | | |
| Email | | | | |
| DETAILS OF APPEAL | | | | |
| I am appealing: <i>(please circle one)</i> | Release Refusal | Intention to Report to DIBP | Intention to Suspend enrolment | Other: |
| Reasons for Appeal: | | | | |
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| State the additional information attached in support of appeal (Attach copies of any support materials) | | | | |
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| | | | | |
| Student Signature | | Date: | | |
| Parent/Legal Guardian Signature (only required for students under 18) | | Date: | | |
| Course details (start/finish dates/attendance/visa/any other relevant info) (admin office use) | | | | |
| | | | | |
| ADMIN OFFICE USE – forward to Academic Manager | | | | |
| Received by | | Date Received | | |