

## Internal Appeal Form

*Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.*

<b>Title: Mr / Ms / Miss / Mrs</b>	<b>Student Name:</b>
<b>Student Number:</b>	<b>Phone:</b>
<b>Course Title:</b>	<b>Email:</b>
<b>Date:</b>	
<b>Postal Address:</b>	
<b>I hereby appeal to Austrasia College against their:</b>	
<input type="checkbox"/> Decision to not approve my Deferment, Suspension of Studies or Cancellation request <input type="checkbox"/> Decision to not approve my Request to Transfer Providers <input type="checkbox"/> Intention to report me to DHA for Unsatisfactory Attendance <input type="checkbox"/> Intention to report me to DHA for Unsatisfactory Course Progress <input type="checkbox"/> Intention to report me to DHA for Misconduct <input type="checkbox"/> Intention to report me to DHA for Non-payment of Fees <input type="checkbox"/> Decision relating to an Academic Result Other (Please Specify) <hr/> <hr/> <hr/> <hr/>	
<b>Grounds for Appeal (Please indicate on which ground/s you wish to appeal)</b>	
<input type="checkbox"/> New evidence, being evidence not reasonably available to AC at the time of the original decision; and/or <input type="checkbox"/> Procedural irregularity <input type="checkbox"/> Other (Compassionate or Compelling Circumstances)	
<b>Summary of your grounds for appeal</b>	
<b>(Please attach additional sheets if required along with all supporting documentation)</b>	
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**Note: You must appeal within 20 working days from the date of AC’s decision. During this time and while the appeal is being considered, you must attend all classes.**

**Student Declaration:** The above information provided by me is accurate, true and correct.

**Student Signature:**

**Date:**

**Office use only.**

<b>Application Received By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Action Taken By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>

**Application Approved   OR   Rejected (Please Circle)**

**Comments (If there is insufficient space, attach additional sheets).**

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