

Appeal Form

First Name:		Family Name:	
Student ID:		Contact Phone No:	
Course Name:			

Before completing this form, please read Intellect's Complaint and Appeals Policy

Please state the nature of your Appeal including date, time, place and other people (if any) involved. You must also attach any supporting documents with this form

Note:

1. You MUST continue to attend classes until the Appeal process is complete
2. The Appeal process will commence within 10 working days of the lodgement of this form

Student Signature:		Date of Lodgment:	
Intellect Staff member receiving this form:		Date form received:	

Expected resolution date _____

(Appeal resolution phase begins within 10 workings days of lodgment of the formal appeal)

Decision Record

Appeal considered by:		Date:	
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