



Appeals Lodgement Form

Note:

- This form should be completed if you would like to lodge a complaint or would like to make an appeal about a decision taken by UTI. This form must be lodged within twenty (20) working days of notification of the decision.

Section 1 : Personal Details

Name		Student ID	
Address			
Suburb		Post Code	
Email		Mobile	
Current Course			

Section 2: Appeal Details

Reason for Appeal – Choose from below

Assessment Outcome

Unit Name:

Attendance Record

Notice of Intention to Report

Other (please specify)

Section 3: Appeal Summary – please provide details regarding your appeal

Section 4: Student Declaration

I, _____ (Applicant) hereby declare that the information contained in this application is true and correct to the best of my knowledge.

Signature		Date	
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Section 5 : Office Use Only

Assessing Staff Name		Position	
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Application Outcome : Approved Declined

Appeal discussed with:

Comments:

Assessing Staff Name		Position	
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Assessing Staff Name		Position	
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Proposed actions identified in initial meeting:

Student advised by : Email Phone In Person

Student request for 2nd meeting : Yes No
(student must request for second meeting no later than five (5) working fays after the initial meeting)

Proposed actions identified in second meeting:

Student advised by : Email Phone In Person

Students response to proposed actions & outcomes

Student accepts & agrees – file copy in student file

Student disagrees & unhappy: Student Support will contact student to assist to access Mediation Service or Overseas Student Ombudsman Service.

Staff Signature		Date	
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