Elite Education Institute

STUDENT APPEAL FORM

CRICOS Provider Code: 03390A

SECTION 1: PERSONAL DETAILS		
Family Name:	Given Name:	Student ID:
Date of Birth:	Email:	Telephone:
Australian Address:		

SECTION 2: PROGRAM DETAILS	
Program Name:	Start Date:

SECTION 3: TYPE OF APPEAL	
ACADEMIC APPEAL	
Appeal of result ☐	Appeal of Academic Record ☐
INTENTION TO REPORT APPEAL	
Non- payment fees ☐	Low academic Progress ☐
Other ☐	Non-commencement of studies ☐

SECTION 4: SUMMARY OF APPEAL
Please provide a summary of your appeal in the space below:
Please provide a summary below of how you plan to address the problems which caused the appeal:

SECTION 5: ENDORSEMENT	
I have read and understood the guidelines and advice on this Appeal form. I certify that all information, including supporting documentation and certificates, is correct.	
Student Signature:	Date:

ELITE EDUCATION STAFF COMMENTS	DATE:

APPEALS COMMITTEE DECISION	DATE:
Undergraduate Course Coordinator:	
Approved ☐	Non-Approved ☐
Student Services Manager:	
Approved ☐	Non-Approved ☐
Academic Dean:	
Approved ☐	Non-Approved ☐
Appeals Committee Comments:	
OFFICE USE	
Received By:	DATE:
Staff Signature:	