

## 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 $\Box$		
INTENTION TO REPORT APPEAL			
Non- payment fees 🗆	Low academic Progress $\Box$		
Other 🗆	Non-commencement of studies $\Box$		

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:

SECTI	ON 5:	END	ORS	EME	NT
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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:

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:	