

Elite Education Institute STUDENT APPEAL FORM

CRICOS Provider Code: 03390A

Family Name:	Given Name:	Student ID:	
Date of Birth:	Email:	Telephone:	
Australian Address:		Telephone.	

SECTION 2: PROGRAM DETAILS			
Program Name:	Start Date:		
SECTION 3: TYPE OF APPEAL			
ACADEMIC APPEAL	INTENTION TO REPORT APPEAL	DISCIPLINARY ACTION	
Appeal of result	Low academic Progress \Box	Exclusion from studies \Box	
Appeal of Academic Record	Non- payment fees 🛛	Suspension from studies \Box	
Appeal of RPL Assessment Outcome	Non-commencement of studies $\ \square$	Expulsion from studies \Box	
	Other 🗆	Other 🗌	

SECTION 4: SUMMARY OF APPE	٩L
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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
Registrar:	
Approved	Non-Approved
Academic Dean:	
Approved	Non-Approved
Appeals Committee Comments:	
OFFICE USE	
Received By:	DATE:
Staff Signature:	