



## Appeal Lodgement Form

### Section 1: Student Details

Full Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Course Name / Code: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Section 2: Details of Original Decision or Outcome

Date of Original Decision: \_\_\_\_\_  
Department / Staff Involved: \_\_\_\_\_  
Outcome / Decision Being Appealed: \_\_\_\_\_  
Reference (if any): \_\_\_\_\_

### Section 3: Grounds for Appeal

Provide detailed reasons why you believe the decision should be reviewed. Attach additional pages if necessary.

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### Section 4: Supporting Evidence

Attach copies of any documents, emails, or records supporting your appeal.

- Attached Document 1: \_\_\_\_\_
- Attached Document 2: \_\_\_\_\_
- Attached Document 3: \_\_\_\_\_

### Section 5: Desired Outcome

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### Section 6: Declaration

I declare that the information provided in this Appeal Lodgement Form is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may affect the outcome of my appeal.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FOR OFFICIAL USE

Date Appeal Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Appeal Reference Number: \_\_\_\_\_  
Assigned Officer: \_\_\_\_\_  
Outcome / Decision: \_\_\_\_\_  
Date Outcome Communicated: \_\_\_\_\_

### Privacy Notice

The information collected in this form will be used solely for processing your appeal in accordance with the Privacy Act 1988 and ASQA requirements. Your personal information will not be shared with any third parties without your consent, except as required by law.

Note: Appeals must be lodged within 20 working days of receiving the outcome. Lodging an appeal may affect enrolment, CoE, course progression, and PRISMS reporting.