

Student Appeal Form

To be filled out by the student and submitted via email (support@skilledup.edu.au) or in person at Level 2, 601 Bourke St, Melbourne VIC 3000

Student Name:		Student ID:	
Address:			
Phone no:	Date:		
Current Course:	Email:		
Tick the box related to your Appeal against decision of: ☐ Academic Misconduct ☐ Assessment ☐ Teaching and Learning ☐ Other Academic ☐ Other (Please specify) ☐ Resources and Facilities ☐ Course withdrawal ☐ Release letter ☐ Other non – academic (Please Specify)			
Describe the nature of the complaint. Attach any relevant evidence:			
Describe any efforts made to resolve the issue:			
Student Signature:	Da	ite:	

Note: Before completing this form, please read the information on the Complaints and Appeal Policy and Procedures on the Skilled Up website at: http://skilledup.edu.au/policy/.

Office Use Only

Detailed Action Taken:		
Decrease /Outcome cont to atual anti-	Deter	
Response/Outcome sent to student: ☐ Yes ☐ No	Date:	
Appeal	Note: Please send completed form and outcome letter sent to student and also any other supporting	
handle by:	evidence to the support@skilledup.edu.au within 2 working days of resolution.	
Appeal handler Signature:	Dated:	
Date received by CEO	Record management: Complaints/Appeals forms and evidence documents recorded. Outcome/resolution letter stored Complaints and Appeals Register updated. Enter data in Continuous Improvement Log (if applicable)	
Signature of CEO:	Data uploaded & filing Date:	