

**STUDENT APPEAL (ELT)**

Name: \_\_\_\_\_  
\_\_\_\_\_

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Class: \_\_\_\_\_ Teacher/Trainer: \_\_\_\_\_

Warning letter:  Attendance  Academic progress  Non-payment of fees

Date of warning letter: \_\_\_\_\_

No Warning letter:

Date appeal lodged: \_\_\_\_\_ Appointment time/date: \_\_\_\_\_

Dates Affected : From \_\_\_\_\_ To \_\_\_\_\_

Reason for appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence / documentation provided (copies attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Options: Refer the student to the SSO to make appointment with Counsellor Y / N  
If no counsellor appointment required Academic Manager will complete the appeal

Academic Manger Signature:

Date:

I declare that the information I have provided in this appeal and on the attached documentation is true and correct in every detail.  
Where a medical certificate and or supporting statement is attached, I authorize the College to seek further information directly from the originating source.

Student Signature

Date

**Counsellor Feedback or Recommendation** (Academic Manager will make final decision based on facts presented at all stages of this appeal)

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Counsellor signature \_\_\_\_\_

Date \_\_\_\_\_

## Academic Manager Use Only

Appeal successful

Appeal unsuccessful

Required action:

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I informed the student of the appeal outcome on \_\_\_\_\_ date

Method used: (circle one)      Letter    Email    Verbal    Phone    Other (explain)

Signed by: \_\_\_\_\_ Academic Manager