

**STUDENT APPEAL**

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:

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Evidence / documentation provided (copies attached):

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

Academic Manager 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

