



Internal Appeal Form

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Course Title: :	Email:
Group:	Date:

Postal Address:

I hereby appeal to Australian City International College against their:

-
- Decision to not approve my Deferment, Suspension of Studies or Cancellation request
 - Decision to not approve my Request to Transfer Providers
 - Intention to report me to DHA for Unsatisfactory Attendance
 - Intention to report me to DHA for Unsatisfactory Course Progress
 - Intention to report me to DHA for Misconduct
 - Intention to report me to DHA for Non-payment of Fees
 - Decision relating to an Academic Result
 - Other (Please Specify)

Grounds for Appeal (Please indicate on which ground/s you wish to appeal)

- New evidence, being evidence not reasonably available to ACIC at the time of the original decision; and/or
- Procedural irregularity
- Other (Compassionate or Compelling Circumstances)

Summary of your grounds for appeal
(Please attach additional sheets if required along with all supporting documentation)

Note: You must appeal within 20 working days from the date of ACIC's decision. During this time and while the appeal is being considered, you must attend all scheduled classes.



--

Student Declaration: The above information provided by me is accurate, true and correct.

Student Signature:

Date:

Office use only

Office use only			
Application Received By	Name:	Signature:	Date:
Action Taken By	Name:	Signature:	Date:
<input type="checkbox"/> Application Approved		<input type="checkbox"/> Rejected	

Comments (If there is insufficient space, attach additional sheets):

Australian City

International College
 RTO Code : 91779 / CRICOS: 03888H