

Appeal Lodgement Form

Please refer to TACIS Complaint and Appeal Policy and Procedure before completing this form.

| Student Details | | | |
|---|---|-------------|--|
| Student Name | | Student ID | |
| Course Name | | | |
| Contact Details in Australia | | | |
| Address | | | |
| Phone/Mobile No. | | Email | |
| Student Acknowledgement (to be completed when appeal outcome received). | | | |
| <input type="checkbox"/> I confirm that I have received the outcome of my complaint and that I agree with the outcome. <input type="checkbox"/> I confirm that I have received the outcome of my complaint. I DON'T agree with the outcome. I will not continue to pursue this issue. <input type="checkbox"/> I confirm that I have received the appeal result. I don't agree with the outcome. I will pursue further to have the matter resolved. Please refer to <i>TACIS Complaint and Appeal Policy and Procedure</i> available on www.tacis.edu.au for further options available for you. | | | |
| Reasons for Appeal | | | |
| | | | |
| Student Declaration: I hereby declare that all the information and documents provided are true and genuine. | | | |
| Student's Signature: _____ | | Date: _____ | |
| For Office Use Only | | | |
| Received by: | (TACIS Officer's Signature) | Date: | |
| Actions recommended by the Course Coordinator/Academic Manager | <input type="checkbox"/> Confirm the outcome <input type="checkbox"/> Amend the outcome (with details) <input type="checkbox"/> Other | | |
| Signature: | | Date: | |
| Actioned and filed by: | (TACIS Officer's Signature) | Date: | |