

## APPEALS LODGEMENT FORM 2021

### SECTION 1 – Personal Details

Name:		Student ID:	
Address:		Post Code:	
Email:		Tel/ Mobile:	

### SECTION 2 – Course / Unit/ Module Details

Code/Title:	
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- Please explain the nature of your complaint in as much detail as possible

### SECTION 3 – Complainant Declaration

I have read and understood the Empyrean Education Institute Appeals Policy and I declare that the other party/s to the appeal may be contacted to resolve the issue. I agree that Empyrean Education Institute may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

Signature:		Date:	/ /
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### SECTION 4 – Appeal Details

Please tick the following areas to which your appeal relates:

<input type="checkbox"/> Notice of intention to cancel- Attendance <input type="checkbox"/> Notice of intention to cancel- Academic performance <input type="checkbox"/> Notice of intention to cancel- Non-payment of fees <input type="checkbox"/> Notice of intention to cancel- Misconduct <input type="checkbox"/> Suspension of enrolment	<input type="checkbox"/> Penalty/s applied <input type="checkbox"/> Breach of VISA conditions <input type="checkbox"/> Cancellation of enrolment <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Other:
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### Appeals Lodgement Form

Please outline the nature/circumstances of your complaint/appeal:

What actions have you taken, to resolve this matter:

What action/resolution would you like to see occur/implemented:

Please attach evidence to support your complaint or appeal. You can also attach extra pages to write in detail about your complaint/appeal.

**Admin Use Only**

<input type="checkbox"/> Complaint & Appeal Form Received (Admin)	Initial	_____	Date:	/	/
<input type="checkbox"/> Complaint & Appeal Lodgement recorded (Register)	Initial	_____	Date:	/	/
<input type="checkbox"/> Letter of Acknowledgement sent	Initial	_____	Date:	/	/
<input type="checkbox"/> Complaint/Appeal Forwarded to Director	Initial	_____	Date:	/	/