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STUDENT APPEAL FORM

Use this form to appeal a decision made by SiBT, its staff, contractors or third parties. Submit it to the Student Administration Officer within 20 working days of the date you were notified of the decision

STUDENT DETAILS

Name:		**Student ID:**	
Email:		**Phone:**	
Course:		**Date appeal submitted:**	

APPEAL DETAILS

Type of decision being appealed:	☐ Assessment result ☐ Enrolment decision ☐ Misconduct decision ☐ Other: _____
Date of original decision:	
Date student was notified:	
Decision maker:	
Reason for appeal:	*Explain why you believe the decision should be reviewed.*
Supporting evidence attached:	☐ Yes ☐ No
Details of evidence:	*List any documents, emails or other information attached.*
Outcome requested:	*State the outcome you are seeking.*

If you are dissatisfied with the internal appeal outcome, SiBT will provide information about the available external review process.

Student Declaration: I declare that the information provided is true and complete to the best of my knowledge.			
Student signature:		**Date:**	

OFFICE USE ONLY

Complete this section when the appeal is received, assessed and finalised.

Appeal reference number:	
Date received:	
Received by:	
Date acknowledgement sent:	
Appeal reviewed by:	
Date review commenced:	
Appeal outcome:	☐ Successful ☐ Partially successful ☐ Unsuccessful
Outcome, reasons and action taken:	
Date written outcome provided:	
External review information provided:	☐ Yes ☐ No ☐ Not applicable
Continuous improvement action required:	☐ Yes ☐ No
CIF number (if applicable):	
Finalised by:	

Date closed:	

Recordkeeping note

File the completed form and outcome correspondence in the student record and update the appeals register.