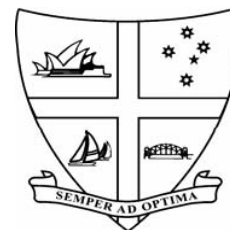


APPEALS FORM

(If you have any difficulties in understanding this form or filling in the form, the College's Student Counsellors will help you)

**Tick the box
which is applicable**

- OXFORD COLLEGE, SYDNEY
- SPECIALTY LANGUAGE CENTRE
- OXFORD COLLEGE OF ENGLISH



Appeals against the result of:

- Assessment (of study outcome)
- Course Progress
- Attendance
- Transfer to other Provider
- Deferment, Suspension or Cancellation
- Accommodation
- Others: (Please specify):

Student's Name	FAMILY NAME (S)	GIVEN/FIRST NAME
Roll Number		DATE OF BIRTH DATE / MONTH / YEAR
Email Address		
Address		
Contact Details	MOBILE NO.	TELEPHONE
Course Name		

Please identify below the **Name(s) of Course(s)** that are subject to assessment appeal.

Please describe the reason why you are not happy with the result of the outcome/assessment and you want to make an appeal.	
STUDENT SIGNATURE:	DATE / MONTH / YEAR

Office Use Only	
DATE RECEIVED:	RECEIVED BY:
DATE REVIEWED:	DECISION: UPHELD / REJECTED
ASSESSOR'S NAME:	APPROVED BY: