

# 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):

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

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 with 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: