

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 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: |