COLLEGE

Student Complaints and Appeals Form

THIS FORM IS TO BE USED FOR:

- Complaints & appeals against academic assessment
- Appeals against the notification of intention to cancel COE
- Appeals against the result of an application for special consideration in relation to an individual student
- Appeals against the application suspension/deferment/cancellation of enrolment:
- General Complaints

Processing time for this form is 20 working days from the date of receipt.

Important Information

- Complaints& Appeals forms will be provided in accordance with Lennox College International Student Complaints and Appeals Policy & Procedure.
- You should read the policy and procedures carefully to establish your eligibility for a Complaint or Appeal.
- Any request for a student's appeals must be made in writing, using this form.
- Before your form for an Appeal will be considered, you must complete all the sections below and attach documents relevant to your application

Checklist

- □ I have indicated the grounds for appeal and addressed these in my submission.
- □ I have attached copies of all my supporting documentation.

| Personal details | | | | | |
|---|--------|----------------------|--|--|--|
| Family Name: | | Gender: Male Female | | | |
| | | Indeterminate | | | |
| Given Name: | | Date of Birth: / / | | | |
| Address: | | Post Code: | | | |
| Student ID No: | Group: | Mobile: | | | |
| Email: | | | | | |
| Course: | | | | | |
| * If you change your address during the period, please contact us to ensure your address details are updated for future correspondence. | | | | | |
| Details of Complaint: | | | | | |
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Student Complaints and Appeals Form

| Details of Appe | ai: | | | | |
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| Student Declarat | tion | | | | |
| I declare the information provided in this application is accurate and I have read and understood the information regarding the complaints & appeals process of Lennox College Pty. Ltd | | | | | |
| Student Name: | | Student Signature: | Date: | | |
| Office Use Only | 1 | | | | |
| Outcome: | □ Approved | □ Not Approved | | | |
| Comments (if a | pplicable): | | | | |
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| Processed by: | | | | | |
| Signature: | | | Date: / | Ι | |
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