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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Details of Appe	ai:				
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):				
Processed by:					
Signature:			Date: /	Ι	