

INTERNAL APPEAL FORM

Please complete and return via email to wsuic@westernsydney.edu.au

This form is to be used if a WSUIC student wishes who experiences incorrect, inappropriate or unfair treatment in the course of their relationship with WSUIC.

All documentary evidence supporting the appeal must be submitted with this application. This appeal must be lodged to within 20 working days of the date specified on the notification letter. Your status will be reported to Immigration (DHA) if you do not lodge an appeal within the 20 working day period.

Ensure you have read the WSUIC's Complaints and Appeals Process (https://internationalcollege.westernsydney.edu.au/policies-procedures).

1 - PERSONAL DETAILS				
Family Name				
Given Name				
Student ID Number				
Course Name				
Phone Number				
2 – REASONS FOR APPEAL				
3 - SUPPORTING DOCUMENTATION				
Is there documentary evidence attached to this application?	☐ Yes	□ No		
Note: Only certified copies of documents should be submitted.				
4 - STUDENT DECLARATION AND SIGNATURE				
While my appeal is being processed I must attend all classes.				
I understand that I will be notified of the outcome of the appeal via email within 10 working days of lodgment.				
I certify that the information given above is true and complete to the best of my knowledge.				
I am aware that it is my responsibility to provide all necessary documentation to support my application.				
I have read and understand the above conditions and accept them fully.				
Student Name				
Student's signature				
		Date (dd/mm/yyyy)		

OFFICE USE ONLY

5 - STUDENT SERVICES		
The attendance has been recalculated and the attendance is	%.	
Comments		
Staff name		
		D-4- (11/1-1-/)
Staff Signature		Date (dd/mm/yyyy)
6 - APPEAL OUTCOME - TWO APPEALS COMMIT	TTEE MEMBER	S TO COMPLETE
☐ Successful		
☐ Unsuccessful for the following reasons:		
1. Committee member's name		
Committee member's signature		Date (dd/mm/yyyy)
2. Committee member's name		
Committee member's signature		Date (dd/mm/yyyy)
7 - WSUIC STUDENT SERVCICES TEAM TO COMI	PLETE	
Was the appeal successful?	☐ Yes	□ No
Appeal outcome letter sent to student?	☐ Yes	□ No
Complaints and Appeals Register Updated	Date:	
Comments		
Staff name		
Staff signature		Date (dd/mm/yyyy)
5		()))))