



## Internal Appeal Form

*Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.*

<b>Title: Mr / Ms / Miss / Mrs</b>	<b>Student Name:</b>
<b>Student Number:</b>	<b>Phone:</b>
<b>Course Title:</b>	<b>Email:</b>
<b>Group:</b>	<b>Date:</b>

**Postal Address:**

**I hereby appeal to Sydney City College of Management against their:**

- Decision to not approve my Deferment, Suspension of Studies or Cancellation request
- Decision to not approve my Request to Transfer Providers
- Intention to report me to DIBP for Unsatisfactory Attendance
- Intention to report me to DIBP for Unsatisfactory Course Progress
- Intention to report me to DIBP for Misconduct
- Intention to report me to DIBP for Non-payment of Fees
- Decision relating to an Academic Result
- Other (Please Specify).....

**Grounds for Appeal (Please indicate on which ground/s you wish to appeal)**

- New evidence, being evidence not reasonably available to SCCM at the time of the original decision; and/or
- Procedural irregularity
- Other (Compassionate or Compelling Circumstances)

**Summary of your grounds for appeal**

**(Please attach additional sheets if required along with all supporting documentation)**

**Note: You must appeal within 20 working days from the date of SCCM's decision. During this time and while the appeal is being considered, you must attend all scheduled classes.**



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**Student Declaration:** The above information provided by me is accurate, true and correct.

**Student Signature:**

**Date:**

**Office use only**

<b>Application Received By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Action Taken By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<input type="checkbox"/> <b>Application Approved</b>		<input type="checkbox"/> <b>Rejected</b>	

**Comments (If there is insufficient space, attach additional sheets):**

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