



External Appeal Form

Student must appeal externally within 10 working days from the date of SCCM's internal appeal decision. During this time and while the appeal is being considered, student must attend all scheduled classes. Please complete all fields and email this form as well as any supporting documentation to Student Services at studentservices@sccm.edu.au.

STUDENT DETAILS			
Student Name		Student ID	
Email		Mobile	
INTERNAL APPEAL DETAILS			
Date of SCCM's decision on my Internal Appeal Application			
My Internal Appeal Application Relates to the SCCM's Decision:			
<input type="checkbox"/> To Report My Unsatisfactory Attendance	<input type="checkbox"/> To Report for Unsatisfactory Course Progress		
<input type="checkbox"/> To Report My Misconduct	<input type="checkbox"/> To Report for Non-payment of Fees		
<input type="checkbox"/> To an Academic Result	<input type="checkbox"/> To a Refund Request		
<input type="checkbox"/> To My Complaint Outcome	<input type="checkbox"/> To Deferral My Studies		
<input type="checkbox"/> To Suspend My Studies	<input type="checkbox"/> To Cancel My Enrolment		
<input type="checkbox"/> To Refuse My Transfer Request	<input type="checkbox"/> To Other, please specify _____		
Please provide your reason/s for disagreeing with the internal Appeal's decision? (Attach any supporting document if relevant). Add additional pages if required.			
EXTERNAL APPEAL DETAILS			
I wish to appeal externally to the Overseas Students Ombudsmen (OSO) – Tel: 1300 362 072 https://forms.ombudsman.gov.au/prod?entitytype=Approach&layoutcode=ApproachWebForm			
Student Declaration	<input type="checkbox"/> A SCCM staff member has assisted me in accessing and submitting my external appeal application. <input type="checkbox"/> I have submitted all required documentation and information in line with OSO's external appeal requirements. All information provided by me in this form is accurate, true and correct.		
Student Signature		Date	



OFFICE USE ONLY			
Received By		Date Received	
Appeal outcome based on the student's reason/s for disagreeing with the internal appeal's decision		<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Student notified of above outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EXTERNAL APPEAL DETAILS			
Date of external appeal convened			
Name of staff member who participated in the external appeal meeting			
Date of external appeal's report received			
Action to be taken as a result of the external appeals' decision or feedback			
Student notified of external appeals' decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Staff Signature		Date	
Recorded in the Complaints and Appeals Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No		