Sydney City College of Management Pty Ltd (SCCM)

ABN: 89 606 547 611, CRICOS Provider: 03620C, RTO: 45203 Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150

Telephone: +61 2 8872 0435 Email: <u>studentservices@sccm.edu.au</u> Website: <u>www.sccm.edu.au</u>



## **Internal Application Form**

Student must appeal within 20 working days from the date of SCCM's 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 <a href="mailto:studentservices@sccm.edu.au">studentservices@sccm.edu.au</a>. An assessment of this appeal will commence within 10 working days of formal lodgement of this appeal, in accordance with SCCM's Complaints and Appeals Policy. The Operations Manager will conduct the assessment of the appeal in a professional, fair and transparent manner, and will finalise the outcome as soon as practicable. Student will be notified of the outcome in writing.

Student Details									
Student Name			Student ID						
Email	mail								
Appeal Details									
I hereby appeal to Sydney City College of Management against their:									
☐ Decision to Report for U	Unsatisfactory Attendance	☐ Decision	to Report for Unsatisfactory Course Progress						
☐ Decision to Report for I	Misconduct   Decision		to Report for Non-payment of Fees						
☐ Decision Relating to an	an Academic Result   □ Decision		Relating to a Refund Request						
☐ Decision Relating to a (	☐ Decision Relating to a Complaint Outcome ☐ Decision			on Deferral of Student Studies					
☐ Decision on Suspension of Student Studies ☐ Decision			to Cancel Student Enrolment						
☐ Decision to Refuse Transfer Request									
☐ Other, please specify									
Reason for Appeal									
Please detail the reason for your appeal including any extenuating circumstances that you believe were not given									
consideration in the decision by SCCM. Add additional pages if required									
Student Declaration	☐ I declare that to the best of my knowledge, the information I have supplied on this form is true								
	and correct.   I have read and understood the Student Complaints and Appeals Policy and other relevant SCCM policies if applicable.								
Student Signature			Date						

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Office Use Only							
Assessor Comments and Recommendations							
Appeal Outcome	□ Ap	ed					
If declined, has the Department of Home Affairs been notified in the case of?							
$\square$ Deferral of studies							
$\square$ Suspension of studi		□ Yes	□ No				
☐ Cancellation of enrolment							
$\hfill\Box$ Transfer of student							
Student Notified of Outcome?			□ Yes □ No				
		☐ Yes - Appeal is resolved.					
Student Satisfied with Outcome?			<ul> <li>No - Student will appeal externally to the Overseas</li> <li>Students Ombudsman.</li> </ul>				
Assessed by							
Signature			Date	e			
Recorded in the Co	mplaints and Appeals Rec	☐ Yes	□ No				