



## APPEALS FORM

### Purpose

This form is to be used when a student wishes to lodge a formal appeal against a decision made by Allman College. Appeals must be submitted **within 20 working days of the original decision.**

### Instructions for Students

1. Complete all sections of this form clearly and in detail.
2. Attach any supporting documents or evidence (e.g., assessment tasks, feedback, correspondence).
3. Submit the completed form to the Compliance Manager via email or in person.
4. You will receive an acknowledgement of your appeal and information about the review process.

### Student Details

Name:	Student ID no:
Email:	Phone:
Course Title/Code:	
Date of Appeal Submission:	

<b>Appeal Information</b>	
Nature of Decision BeingAppealed (e.g., assessment result, course progress decision, misconduct outcome, enrolment decision):	
Date of Original Decision:	
Name of Decision Maker (if known)	
<b>Reason for Appeal:</b>	
Provide a clear and detailed explanation of why you believe the decision was incorrect, unfair, or not in line with RTO policies and procedures.	



<b>Evidence</b>	
Supporting Evidence Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Details of Evidence:</b> Provide a clear and detailed explanation of why you believe the decision was incorrect, unfair, or not in line with RTO policies and procedures.	
<b>Desired Outcome or Resolution Sought:</b> Describe the outcome you are seeking (e.g., reassessment, review of misconduct decision, reinstatement of enrolment):	

#### Declaration

I declare that the information provided in this form is true and correct to the best of my knowledge.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_