

PART A: STUDENT DETAILS

Student Number (ID):

Family Name:

Given Name:

Course Name:

Email:

Primary Phone:

PART B: PLEASE STATE THE NATURE OF YOUR APPEAL INCLUDING DATES, TIME AND OTHER PEOPLE INVOLVED

General Appeal

ESOS Appeal

Outstanding Appeal

Assessment Appeal

Attendance Appeal

Academic Appeal

PART C: STUDENT APPEAL INTERVIEW

Do you want to present your appeal in person?

- Yes
- No

What time are you available for an interview?

Day (*Monday to Thursday*):

Time (*Available times 11am, 1pm, 3pm*):

Day (*Friday*):

Time (*Available Times 3pm, 5pm, 6pm, 7pm*):

Please attach supporting Documents to this form

Expected Resolution Date:

(Two weeks from the date of lodgment unless otherwise agreed by both parties)

PART E: DECLARATION

I declare that to the best of my knowledge the information supplied on this form is correct and complete, and I agree to abide by the regulations of ECA College.

Student Signature _____

Date: _____