Elite Education Institute
APPEAL FORM

CRICOS Provider Code: 03390A

SECTION 1: PERSONAL DETAILS		
Family Name:	Given Name:	Student ID:
Date of Birth:	Email:	Telephone:
Australian Address:		

SECTION 2: PROGRAM DETAILS	
Program Name:	Start Date:

SECTION 3: TYPE OF APPEAL

ACADEMIC APPEAL

Appeal of result □ Appeal of Academic Record □

INTENTION TO REPORT APPEAL

Non- payment fees Low academic Progress □

Other □ Non-commecement of studies □

SECTION 4: SUMMARY OF APPEAL

Please provide a summary of your appeal in the space below:

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SECTION 4: ENDORSEMENT

I have read and understood the guidelines and advice on this Appel form. I certify that all information, including supporting documentation and certificates, is correct.

Student Signature: _____ Date: _____

ELITE EDUCATION STAFF COMMENTS	DATE:
_____	
_____	
DISCIPLINE & APPEALS COMMITTEE DECISION	DATE:
Approved □	Non-Approved □
OFFICE USE	
Received By: _____	DATE:
Staff Signature _____	