

Elite Education Institute STUDENT APPEAL FORM

CRICOS Provider Code: 03390A

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 Appeal of Academic Record Non-payment fees Non-commencement of studies Expulsion from studies Non-commencement of studies Expulsion from studies Non-commencement of studies Expulsion from studies Expulsion from studies Expulsion from studies Non-commencement of studies Non-commencement of studies Expulsion from studies	SECTION 1: PERSONAL DETAILS		
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SECTION 5: ENDORSEMENT I have read and understood the guidelines and advice on this Appeal form. I certify that all information, including supporting documentation and certificates, is correct. Student Signature: Date: ELITE EDUCATION STAFF COMMENTS DATE:
including supporting documentation and certificates, is correct. Student Signature: Date:
Student Signature: Date:
ELITE EDUCATION STAFF COMMENTS DATE:
APPEALS COMMITTEE DECISION DATE:
Academic Support Officer:
Approved □ Non-Approved □
Registrar:
Approved ☐ Non-Approved ☐
Academic Dean:
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