



Appeal Form HEFOR68

SECTION A: Student Details		
Given Name:		Surname:
SCEI-HE Student ID No.:	Course Name:	
Mobile No.:	Email Address:	
SECTION B: Reason for Appealing <i>(Please tick as appropriate)</i>		
Outcome of	<input type="checkbox"/> Complaint/Grievance <input type="checkbox"/> Academic <input type="checkbox"/> Others: _____	
Refusal of	<input type="checkbox"/> Deferment <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Withdrawal <input type="checkbox"/> Transfer between Registered Provider	
	<input type="checkbox"/> Refund <input type="checkbox"/> Others: _____	
SECTION C: Statement of Your Grounds for Appeal <i>(You must attach supporting evidence to be considered. Attach additional page if required.)</i>		
<input type="checkbox"/> Supporting Evidence (please specify): _____		
<input type="checkbox"/> I understand and accept that the processing time will take up to 10 working days.		
Student Signature:		Date:
SECTION D: Office Use Only		
Appeal Stage: <input type="checkbox"/> 1 <input type="checkbox"/> 2		Appeal Successful? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason if it is not successful:		
Staff Name:	Staff Signature:	Date:
SECTION E: Administration		
<input type="checkbox"/> Paradigm Update <input type="checkbox"/> PRISMS Update <input type="checkbox"/> Moodle Update <input type="checkbox"/> Student Notified		
Staff Name:	Staff Signature:	Date: