

Internal Appeal Form

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Student Name:	Phone:
Student Number:	Email:
Course Name:	Date:
Address:	

I hereby appeal to iLearn OZ against their:

- Decision to not approve my Deferment, Suspension of Studies or Cancellation request
- Decision to not approve my Request to Transfer Providers
- Intention to report me to Department of Home Affairs for Unsatisfactory Attendance
- Intention to report me to Department of Home Affairs for Unsatisfactory Course Progress
- Intention to report me to Department of Home Affairs for Misconduct
- Intention to report me to Department of Home Affairs for Non-payment of Fees
- Decision relating to an Academic Result
- Other (Please specify)

Grounds for Appeal (Please indicate on which ground/s you wish to appeal)

- New evidence, being evidence not reasonably available to ILOZ at the time of the original decision; and/or
- Procedural irregularity

Other (Compassionate or Compelling Circumstances)

Summary of your grounds for appeal

(Please attach additional sheets if required along with all supporting documentation)



Please note: You must appeal within 20 working days from the date of ILOZ's decision. During this time and while the appeal is being considered, you must attend all classes.

Student Declaration: The above information provided by me is accurate, true and correct.

Student Signature:

Date:

Office use only			
Application Received By	Name:	Signature:	Date:
Application	<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED	
Action Taken By	Name:	Signature:	Date:
Comments:			



Learn. Grow. Become

RTO NO: 52791; Cricos Code: 03831C