King's Own International College

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APPEAL FORM

Date:		
Student name:		
Student number:		
Address in Australia:		
Suburb:	State:	Postcode:
Contact number:		
Email address:		

Type of appeal:

☐	Assessment decision	☐	Complaint outcome	☐	Refund decision	☐	Other

Date of original decision:
Unit / Course involved:
Staff member involved:

Reason to appeal:

Student signature:

Attachments:

If necessary, attach any relevant supporting documentation.

OFFICE USE ONLY

☐ Approved	☐ Not approved	Date of decision:
Comments:		
KOIC staff name:		