

Internal Appeal Form

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

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Course Title:	Email:
Group:	Date:
Postal Address:	
I hereby appeal to Sydney Metro College against their:	
<input type="checkbox"/> Decision to not approve my Deferment, Suspension of Studies or Cancellation request <input type="checkbox"/> Decision to not approve my Request to Transfer Providers <input type="checkbox"/> Intention to report me to DIBP for Unsatisfactory Attendance <input type="checkbox"/> Intention to report me to DIBP for Unsatisfactory Course Progress <input type="checkbox"/> Intention to report me to DIBP for Misconduct <input type="checkbox"/> Intention to report me to DIBP for Non-payment of Fees <input type="checkbox"/> Decision relating to an Academic Result Other (Please Specify) <hr/> <hr/> <hr/> <hr/>	
Grounds for Appeal (Please indicate on which ground/s you wish to appeal)	
<input type="checkbox"/> New evidence, being evidence not reasonably available to SMC at the time of the original decision; and/or <input type="checkbox"/> Procedural irregularity <input type="checkbox"/> Other (Compassionate or Compelling Circumstances)	
Summary of your grounds for appeal	
(Please attach additional sheets if required along with all supporting documentation)	

Note: You must appeal within 20 working days from the date of SMC’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:
Action Taken By	Name:	Signature:	Date:

Application Approved OR Rejected (Please Circle)

Comments (If there is insufficient space, attach additional sheets).
